


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 29 PM 3:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000802
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FLORIDA-OREGON ASSOCIATES, L.C.
C/O APEX SERVICES
120 INTERNATIONAL PKWY., SUITE 220
HEATHROW FL 32746

1a. Principal Place of Business Address

C/O APEX SERVICES
120 INTERNATIONAL PKWY., SUIT
HEATHROW FL 32746

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <i>SAME</i>	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 07/30/1996	3a. State of Formation FL
4. FEI Number 93-1215032	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired SR 7: Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent HALE, BRUCE C/O APEX SERVICES 120 INTERNATIONAL PKWY., SUITE 220 HEATHROW FL 32746
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	JARAND, MARK	120 INTERNATIONAL PKWY., S	HEATHROW FL
MEM	HALE, BRUCE	120 INTERNATIONAL PKWY., S	HEATHROW FL
MEM	MAZI, PAUL	120 INTERNATIONAL PKWY., S	HEATHROW FL
<i>MGRM</i>			
			600002169196--3 -05/07/97--01044--036 ****203.75 ****203.75 <i>288 5/5/97</i>

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Paul T. Mazi* / PAUL T. MAZI 4-21-97 563-288-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #