


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DEVOE AND MATTHEWS, L.C. 348 MIRACLE STRIP PARKWAY S.W., Suite 23 FORT WALTON BEACH FL 32548		DOCUMENT # L96000000813	
1a. Principal Place of Business Address 348 MIRACLE STRIP PARKWAY S.W. FORT WALTON BEACH FL 32548		FILED 97 JAN 29 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Same		3. Date Organized or Qualified 07/30/1996	
2a. Mailing Address Suite 23		3a. State of Formation FL	
Suite, Apt. #, etc.		4. FEI Number 59-3393175	
City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		5. Date of Last Report N.A.	
Country		6. Certificate of Status Desired <input type="checkbox"/> SR 75 Additional Fee Required	
7. Name and Address of Current Registered Agent MATTHEWS, NORMAN D 348 MIRACLE STRIP PARKWAY S.W., Suite 23 FORT WALTON BEACH FL 32548		8. Name and Address of New Registered Agent 900002074009--9 Street Address (P.O. Box Number is Not Accepted) 07-007-01076--009 ****203.75 ****203.75 Suite, Apt. #, etc. Suite 23 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 <u><i>Norman D. Matthews</i></u> DATE <u>27 Jan 97</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHADEGG, LAWRENCE M	43865 AIRPORT VIEW DRIVE	HOLLYWOOD MD, 20636
MGR	DURANSKE, MATTHEW G	43865 AIRPORT VIEW DRIVE	HOLLYWOOD MD, 20636
MGR	CRANE, ALLAN D	43865 AIRPORT VIEW DRIVE	HOLLYWOOD MD, 20636
MGR	MATTHEWS, NORMAN D	187 COUNTY CLUB ROAD 348 Miracle Strip Pkwy S.W., #23	CHALMERS FL F.W.B., FL 32548
MGR	DEVOE, DOUGLAS R	5370 CHELMESTFORD COURT 348 Miracle Strip Pkwy S.W., #23	NAVARRE FL F.W.B., FL 32548
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), 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: <u><i>Norman D. Matthews</i></u> , NORMAN D. MATTHEWS, 27-Jan-97, 904-244-3221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DATE Daytime Phone #			