## 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 COMPORATIONS

FILING FEET Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee APPROVED AND FILED

1997 APR 24 AM 10: 07

SECRETARY OF STATE.

\$ 203	.75 Make Check Payable	To: FLOR	TĂCLĂĤĂSSEE. FLORIDA						
	and Mailing Address ited Liability Company	UMENT	# <u>1</u> 96	500000	0815				
1 H	&B INVESTMENTS IN 832 S YOUNG CIR OLLYWOOD FL 33020	l			rraction in Block 2a	1a. Principal Pla 1832 S YO HOLLYWOOD	OUNG CI	R	
If above mailing address is incorrect in any way, tine through incorrect  2. Principal Place of Business  2a. Mallii			ing Address			3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc. Suite, Ap			pt. #, etc.						
City & State City &			State			Applied For			
						65-06 88980 5. Date of Last Report			Not Applicable ate of Status Desired
Zιρ	Country	Zip		Coun	itry				honal Lee Required
	7. Name and Address of Curre	nt Registered	Agent		Name	6. Name and Add	ress of New Re	gistered A	gent
its registe as registe	ant to the provisions of Sections 608.41 ared office or registered agent, or both, in ared agent, and accept the obligations. JAE					d liability company s lative vote of a majori	ty of the member	s. I hereby a	
	(Registered Agent Accept		NOTE Registe		ure required when reinstati	ng)	·		
10. Title	Managing Members/Manag	jers	<del> </del>	Busin	ess Street Address	) 	City	, State and 2	up Code
	BARTH, FRIEDEL BERG, WOLFGANG	:	ł	S YOU	NG CIR ST		OTTAMO	~ 1.50- 10	
						30	0002 -04/29 ****2	<b>156</b> 7970 03.75	733-9 1087-037 ****203.75

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.

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NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER