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



**APPROVED** 

ANNUAL REPORT  Sandra B. Secretary			B. Mortham ary of State CORPORATIONS	1997 FEB 27 PM 1: 39		
				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1 Name and Mailing Address of Limited Liability Company DCUMENT #L96000000851					AMASSEE, FLUNIUA	
10				1a. Principal Place of Business Address		
HUBCO, L.C. HAROLD O. MILLER 400 S. TAMIAMI TRAIL #250 VENICE FL 34285				HAROLD O. MILLER 400 S. TAMIAMI TRAIL #250 VENICE FL 34285		
If above mailing address is incorrect in any way, lin  Principal Place of Business	information and e	enter correction in Block 2a.	Date Organized or Qualifie	d 3a. State of Formation		
u Trinicipal Filado de Edulinos	Est. Pidini	19 7100/000		08/09/1996	FL	
Suite, Apt. #, etc.	Suite, Apt	Suite, Apt. #, otc.		4. FEt Number	Applied For	
City & State	City & Sta	City & State		65-0693684 Not Applicable		
Zip Country	Zip		Country	5. Date of Last Report	6. Certificate of Status Desired S6 75 Additional Fee Required	
7. Name and Address of Cu	rrent Registered	Agent		B. Name and Address of New	Registered Agent	
MILLER, HAROLD O			Name			
400 S TAMIAMI TRAIL BUTTE 250 VENICE EL 34285				Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.		
•						
			City	F	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						
tRegistered Agent Acc  10. Title Managing Members/Mai		OTE Registered Ager	nt signature required when reinstatin Business Street Address		City, State and Zip Code	
MEM MILLER, HAROLD C		00 S. I	TAMIAMI TRAI			
MEM NUBCO, LTD.	4	00 S. 1	TAMIAMI TRAI	L #250 VENICE	FI,	
				900002 -02/2 ****	2101539—-2 28/9701116009 203.75 ****203.75	
					15/2/197	
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Dails Daytims Prone *						