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

LIMITED LIABILITY COMPANY 🍂 ANNUAL REPORT 1997 **FILING FEE**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State FILED **DIVISION OF CORPORATIONS** 97 MAY -1 AN 10:00 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L96000000859 MNR 1a. Principal Place of Business Address FILLMORE GARDEN INVESTMENTS L.C. 505 TYLER ST 1505 TYLER ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 If above mailing address is incorrect in any way. Hee through Incorrect Information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address SAME D8/09/1996 ŀL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State Not Applicable City & State 6. Certificate of Status Desired 5. Date of Last Report Country Country \$8.75 Additional Fee Required. 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent BERG, WÖLFGANG P Street Address (P.O. Box Number is Not Acceptable) 1505 TYLER ST HOLLYWOOD FL 33020 Suite, Apt. #, etc. 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 _ [Registered Agent Accepting Appointment] (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers SOLINGEN 42653 GERMAN BERG, HOLGER W **GUNTHER STRASSE 34** MGRM MOLLYWOOD FL MGRM BERG, WOLFGANG P 1505 TYLER ST 200002171912--3 ****203.75 ****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 by signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

ING MANAGING MEMBER OR MANAGER

execute this report as required by Chapter 608, Ftorida Statutes; and that my name appears in Block 10, or on an

Date

Daytime Phone #

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attachment with an address.

SIGNATURE: _

limited liability company or the receiver or trustee.

SIGNATURE AND TYLED OF

PRINTED NAME OF SI