2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Beinstate: \$703.75

ZIIU	140110	Due	e To Reins	tate: \$7	703.75	oivou, iii		AIIIOU							
LIMITED LIABILITY COMPANY ANNUAL REPORT 1997					ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					SECRETARY OF STATE DIVISION OF CORPORATIONS					
	FEE Annu								<u> </u>) <i>J</i>	- 1	U 1117		•	
1. Name	and Mailing Addited Liability Con		Payable To					IAIE	=						
CHIPPENDALES PROPERTIES, L.C. 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819									1a. Principal Place of Business Address 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819						
If above mailing address is Incorrect in any way, line through incorrect 2. Principal Place of Business 2a. Mailin						Information and enter correction in Block 2a. ng Address				3. Date Organized or Qualified 3a. State of Formati					
Sulte, Apt. #, etc. Suite					ı, Apt. #, etc.				I	08/09/1996 FL					
City & State				City & S						+0771	4.		pplied For lot Applica		
Zip Country				Zip	Cou	intry	5. D			Report	6. Certificate of Status Desir			te	
7. Name and Address of Current Registers										····.	SB.75 Additional Fee Required			Щ	
WILLIAM B. PRINGLE, III, P.A. 7380 SAND LAKE RD SUITE 350 ORLANDO FL 32819									etc. Zip Code						
its registe		stered agent,	or both, in the S								ubmits this state ty of the member				
SIGNATU	JRE	(Flegislared A	igent Accepting App	ponimeni) ((NOTE Registe	ered Agent signs	ature required w	hon reinsta	aling)		DATE				
10. Title	Managing Members/Managers				Business Street Address				SS		City, State and Zip Cod) 	
MEM	CHIPPEI	NDALES	U.S.A.	, I	7380	SAND	LAKE	RD	SUITE	35	ORLANDO	FL_			
MEM	CHIPPE	NDALES	HOLDIN	1GS,	7380	SAND	LAKE	RD	SUITE	35	ORLANDO	FL -	•	·	. 3
1										40	00002 -09/0 *****	:2,65 1797- 588. 75			
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall flave 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 is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPE O OF PRINTED NAME OF SIGNIFOR MANAGERS OF MANAGERS

198/20 JEST 0001