

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

**APPROVED
AND
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1997 APR 17 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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 **DOCUMENT # L96000000889**

THE SERTEA HAMART COMPANY, L.C.
P.O. BOX 172456
TAMPA FL 33672

1a. Principal Place of Business Address

**2760 GULF BLVD., #2
BELLEAIR BEACH FL 33786**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/21/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3435610				5. Date of Last Report		6. Certificate of Status Desired	
Zip		Country		Zip		Country	
						<input type="checkbox"/> \$375 Additional Fee Required	

7. Name and Address of Current Registered Agent

**GARDNER, J. STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200002150392--3
Suite, Apt. #, etc.
04/22/97-01039-017
******203.75 ****203.75**
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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	COWART, PATRICIA A	P.O. BOX 172456	TAMPA FL
MEM	HAMPTON, E. MARK	11601 BRANCH MOORINGS DRIV	TAMPA FL
MEM	SERRANO, NANCY L	3806 BARCELONA STREET	TAMPA FL
MEM	TEAGUE, HEROLD	P.O. BOX 86195	NADIERA BEACH FL

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: *PATRICIA A. COWART*
Patricia A. Cowart

4/14/97

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

Date

Daytime Phone #