
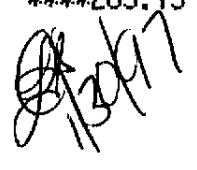


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 30 AM 8: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 C.A. GREINER & SONS, L.C. 181 MAJORCA CIRCLE MARCO ISLAND FL 34145		DOCUMENT # L96000000908		
2. Principal Place of Business 181 Majorca Circle <small>Suite, Apt. #, etc.</small> City & State Marco Island, Florida <small>Zip</small> 34145 <small>Country</small> USA		2a. Mailing Address 181, Majorca Circle <small>Suite, Apt. #, etc.</small> City & State Marco Island, Florida <small>Zip</small> 34145 <small>Country</small> USA		3. Date Organized or Qualified 07/27/1996 3a. State of Formation FL 4. FEI Number applied for the 12-12-1996 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report -- 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MCMACKIN, F J III QUARLES & BRADY 4501 N TAMiami TRAIL SUITE 300 NAPLES FL 34103		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 L.M. Braunschweig, Vice President: <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE 01 - 27 - 1997		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	C.A. GREINER & SOHNE, Dr. R. Koebrunner President L.M. Braunschweig, Vice President 181, Majorca Circle Marco Island, FL 34145	A-4550 KREMSMUNSTER Phone: 01143 7583 7251 Fax: 6308 Phone: 941 394 4752 Fax: 941 394 2086	AUSTRIA 100002076401--4 -02/04/97--01010--020 ****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 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: L.M. Braunschweig, Vice President. 01 - 27 - 1996 (941) 394 4752				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				