


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

APPROVED
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1997 JUL -1 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company HEMPEL & LENZ PROPERTIES L.C. 1404 NORTH HIGHWAY A1A SATELLITE BEACH FL 32937	DOCUMENT # L96000000973
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 1221 E. New Haven Ave Suite, Apt. #, etc. City & State Melbourne, FL Zip 32901	Country USA	2a. Mailing Address 1221 E. New Haven Ave Suite, Apt. #, etc. City & State Melbourne, FL Zip 32901	Country USA
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1a. Principal Place of Business Address 1404 NORTH HIGHWAY A1A SATELLITE BEACH FL 32937

3. Date Organized or Qualified 09/16/1996	3a. State of Formation FL
4. FEI Number 59-3435596	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent MOSLEY, CURTIS R. MOSLEY, WALLIS & WHITEHEAD, P.A. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901
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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
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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 reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HEMPEL, KLAUS J	ST. NIKLAUSENSTRASSE 92 60	SWITZERLAND
MEM	LENZ, JUERGEN	BACHTELWEG 7 6048 HORW	SWITZERLAND
			800002233098--1 -07/08/97--01079--001 ****203.75 ****203.75 800002233098--1 -07/08/97--01079--002 ****385.00 ****385.00

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: _____ **3/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #