


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

APPROVED
AND
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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 PAMPER & DINE, LLC 3258 NW 88TH AVE SUNRISE FL 33351		DOCUMENT #L96000000991			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 3258 NW 88th Ave. Suite, Apt. #, etc. City & State SUNRISE, FLORIDA Zip 33351		2a. Mailing Address 3258 NW 88th Ave. Suite, Apt. #, etc. City & State SUNRISE, FLORIDA Zip 33351		3. Date Organized or Qualified 09/19/1996 3a. State of Formation FL 4. FEI Number 95# 025-54-9349 5. Date of Last Report N/A	
				6. Certificate of Status Desired SB 75: Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ORGAN, MARILYN G 3258 NW 88TH AVE SUNRISE FL 33351			8. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) - Suite, Apt. #, etc. 100002163221-0 City FL		
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 <u><i>Marilyn Giffen Organ</i></u> DATE <u>4/28/97</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ORGAN, MARILYN G	3258 NW 88TH AVE		SUNRISE FL	
MRGM	ORGAN, MATTHEW J	3258 NW 88TH AVE		SUNRISE 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) (l), 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: <u><i>Marilyn Giffen Organ</i></u> <u>4/23/97</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					