


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 MAY -5 PM 2:13 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 2001-27 LIMITED COMPANY 400 E. COLONIAL DR. SUITE 910 ORLANDO FL 32803		DOCUMENT # L96000001001 1a. Principal Place of Business Address 400 E. COLONIAL DR. SUITE 910 ORLANDO FL 32803		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 09/23/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL
City & State		City & State		4. FEI Number 59-3435458
Zip	Country	Zip	Country	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Date of Last Report
				6. Certificate of Status Desired SR 75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		
LANE, MARION E 400 EAST COLONIAL DRIVE SUITE 910 ORLANDO FL 32803		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		
		City	Zip Code 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-nesting)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	LANE, MARION E	400 E. COLONIAL DR. SUITE		ORLANDO FL
MGRM	KAPANKE, WILLIAM E	2606 CANTERCLUB TRAIL		APOPKA FL
MGRM	ARTIP, HAROLD G	405 WILLOW BROOK LANE		LONGWOOD FL
MGRM	MASTIN, PATRICIA D	944 FEATHER DRIVE		DELTONA FL
MGRM	BRYANT, LESTER R	MA 204 MEDICAL SCIENCE BLDG.		COLUMBIA, MO
9000002178919--4 -05/14/97--01114--002 ****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: <u>Marion E Lane</u>		<u>4-2-97</u> <u>407-481-9890</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		