


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 MAR 17 AM 8:21 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 J.V. ARGIE, L.C. 27 MOUNTAIN ROAD ROCHESTER NY 14625		DOCUMENT #L96000001011 1a. Principal Place of Business Address 27 MOUNTAIN ROAD ROCHESTER NY 14625	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 694 Tamiami Tr N Suite, Apt. #, etc. City & State Naples FL Zip 34102 Country		2a. Mailing Address 694 Tamiami N Tr Suite, Apt. #, etc. City & State Naples FL Zip 34102 Country	
		3. Date Organized or Qualified 09/24/1996	3a. State of Formation FL
		4. FEI Number 65-0698650	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VAN SKIVER, JANICE M	694 Tamiami Trail N 265 HINCHEY ROAD	Naples FL 34102 ROCHESTER NY
MGRM	GUON, RICHARD M	27 MOUNTAIN ROAD	ROCHESTER NY
			4000002118124--9 -03/19/97--01038--007 ****203.75 ****203.75 3-17-97
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>Janice M. Van Skiver</u>		Date: <u>03-10-97</u>	Daytime Phone #: <u>941-434-5999</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			