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

INHSE10 R(12-96)

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LIMMED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 9								 Na		
The second second	3.75 Make Check Payable 1		97 MAY -1 PM 4: 07							
1. Name and Mailing Address of Limited Liability Company DOCUMENT #19600001040						SECRETARY OF STATE 18. Principal Place of Business ACOMPDA				
TRI-CITY BROKERAGE OF THE SOUTHEAST, L.C.						16. Principal P	lace of Busines	ACHABOA		
C/O FRED CASPERSEN 235 MONTGOMERY ST., SUITE 2200							4 040~4 6		Į	
]	SAN FRANCISCO CA 94	235 MONTGOMERY ST., SUITE 220 AN FRANCISCO, CA 94101								
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If above mailing address is incorrect in any way, line through incorrect information and ent 2. Principal Place of Business 2a. Mailing Address					medion in Block 2a.	3. Date Organi	zed or Qualified	3a. State of	Formation	
	· · · · · · · · · · · · · · · ·			I PL	ACE	10/03/1996 FL				
GUERT BAS			ot. #, etc.			4. FEI Number				
SUITE 700			SUITE 700 City & State				94-3252573 Applied For			
	PALM BEACH, FL		T PALM	BEAG	CH. FL				Not Applicable	
Ζίρ	Country	Ziρ		Count		8. Date of Last	Report		of Status Desired	
3340				PAI	LM BEACH				ral Fee Required	
	7. Name and Address of Current	Registered	Agent		Name	8. Name and Ad	dress of New R	egistered Age	nt	
NATIONSCORP REGISTERED AGENTS, INC.					reamer .					
526 E. PARK AVE. Street Address (O. Box Number	ls Not Accepts	ble)		
raliahassee fl 32301										
İ			Sulte, Apt. #,			ic				
				İ	City			Zip Code		
					,,		FL		1	
9. Pursu	ant to the provisions of Sections 608.416 a	nd 608.508	Florida Statute	s, the al	ove-named limited	liability company (submits this state	ement for the p	urpose of changing	
	ered office or registered agent, or both, in the ered agent, and accept the obligations.	State of Fior	rida. Such chan	õe was m	utnonzeo by ammai	uva Apra ora Wallou	ну от ине пчетпро	a. I nerecy acce	ipune apponument	
SIGNATI	URE						DATE		ļ	
	(Registered Agent Accepting Appointment		(NOTE: Registered Agent signature required when rainstating				,	Otata and Sta	State and Tip Code	
10. Titie	Title Managing Members/Managers			Busine	ss Street Address		City, State and Zip Code			
40014	1510				T	DTDUTY			_	
MGRM	WOODS, LOTI	11601 FORUM PLAC			E, SUITE 700, WE		BIRMINGHAM AL ST PALM BEACH, FL 33401			
MGRM	TRI-CITY BROKERAGE,	IN 5	O CALIFORNIA ST., SUITE 2 SAN FRANCISCO CA							
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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										
attachmen	with an address.	11	/_				1 1	/		
SIGN	IATURE: X olust E. W.	Eller	KODERT	e Dei	(مه)		4/24/97	(415/2	75-2252	
~!W!\	SIGNATURE AND TYPED	OR PRINTED N			EMBEROR MANAGER		Date	Dayler	ne Phone #	