

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 -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L96000001119

FARRELL & HARPER LC
316 21ST AVENUE NE
ST. PETERSBURG FL

1a. Principal Place of Business Address
316 21ST AVENUE NE
ST. PETERSBURG FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/23/1996	FL
City & State		City & State		59-3416511	<input type="checkbox"/> Applied For
Zip		Zip			<input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent				5. Date of Last Report	
HARPER, LINDA S 316 21ST AVENUE NE ST. PETERSBURG FL				6. Certificate of Status Desired <input type="checkbox"/> SR / Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
HARPER, LINDA S 316 21ST AVENUE NE ST. PETERSBURG FL		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 _____
(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	FARRELL, KATHLEEN L	316 21ST Ave NE, St Petersburg, FL 4461 HARBOR GREENS WAY, 50 SEMINOLE FL	33704
MGRM	HARPER, LINDA S	316 21ST AVENUE NE	ST. PETERSBURG FL

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****203.75 ****203.75

JB5-13-97

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: *Kathleen S. Farrell* 4/20/97 (813) 449-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #