File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED

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SECRETARY OF STATE

of Limi	and Mailing Ad ted Liability Co	mpany DOC	UMEN.	T# ₁₉₆₀	00000	1151	TALL	TALLAHASSEE, FLORIDA				
	1 71 17 0 S UIT E 1	MANAGEMENT SULF BLVD	GROUP	LLC	16. Principal Place of Business Address 17117 GULF BLVD SUITE 147 N REDINGTON BEACH FL 33708					3		
2. Principal Place of Business 2a. Mai				ling Address			3. Date Organized or Qualified 3a. State of Formation					
Suite, Apt. #, etc. Suite, A				pt. #, etc.			10/30/1996 FT. 4. FEI Number				For	
City & State City				State			65-0708300 Not Applicable				licable	
Zip Country Zip			Zip	Country			5. Date of Cast Report 6. Certificate of Status Desired S8.75 Additional Fee Required					
	7. Name	and Address of Curre	nt Registere	d Agent	Agent B. Name and Ad			ress of New Registered Agent/Office				
						Name			<u>-</u>		\neg	
Its registered office or registered agent, or both, in the State of Florida. Such change was a as registered agent, and accept the obligations.						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.						
SIGNATU	HE	(Registered Agent Accepts	ng Appointment)	(NOTE Registered Age	ont signature	required when reinster	ting)	DATE			— I	
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code					
(GEORGE E	CA C	17117						BEACH BEACH		
	,								A	14/23	98	

11. Ido hereby centify 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 Ilmited liability company or the receiver of trustee epipowere(No 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:

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ABORGE E. ECKS 4-20-98

HE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date