
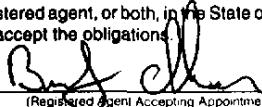
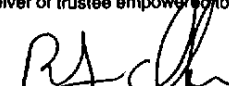


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 FEB -4 PM 12:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA mwb
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 CHISHOLM-SUTHERLIN, L.C. 4825 CHISHOLM PARK TRAIL ST. CLOUD FL 34771		DOCUMENT # L96000001195	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		1a. Principal Place of Business Address 4825 CHISHOLM PARK TRAIL ST. CLOUD FL 34771	
2. Principal Place of Business 4825 Chisholm Park Trail Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 11/07/1996	3a. State of Formation FL
City & State St. Cloud FL.	City & State 	4. FEI Number 59-3412837	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34771	Country USA	5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent CHISHOLM, CHARLES B 4825 CHISHOLM ROAD ST. CLOUD FL 34771		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 01/27/97 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CHISHOLM, CHARLES B	4825 CHISHOLM ROAD	ST. CLOUD FL
300002079783--0 -02/06/97--01025--013 ****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: 		Charles B. Chisholm	1/27/97 407-892-6215
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>