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

| 1 16-6- | | | - 1710 | J ' | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
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| LIMITED 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 | | | | | | | | , | 97 MAY 16 PM 1: 52 | | |
| \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | |
| of Limited Liability Company | | | | | | | | 1a Principal | SECRETARY OF STATE TALLAHASSEE FLORIDA 1s. Principal Place of Business Address | | |
| 2 | 0 EAST M | HOLESALE (ELBOURNE # FL 32901 | LUB, VENU | L. E | C. | | | 20 EAST | MELBOURNE A NE FL 32901 | | |
| 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. Mailling Address | | | | | | | | | land or Burolling II an Bu | | |
| 2 Princip | 2a. Mailing Address | | | | | | 3. Date Organized or Qualified 3a. State of Formation 11/21/1996 FL | | | | |
| Suite, Apt | Suite, Apt. #, etc. | | | | | | 1/21/1996 FL 4. FEI Number | | | | |
| City & Sta | City & State | | | | | 59- | 59-3432938 Not Applicable | | | | |
| Ζφ | Country | | Zip | | | Count | ry | 5. Date of Las | Date of Last Report Certificate of Status Desired State Astatument Let Response | | |
| | 7. Name an | d Address of Curren | Register | ed Age | nt | 1 | | 8. Name and Ad | dress of New Registered | Agent | |
| CHANDRA, RAJIV | | | | | | | Name | | | | |
| 20 EAST MELBOURNE AVENUE MELBOURNE FL 32901 | | | | | | | [| Street Address (P.O. Box Number le Not Acceptable) 500021817155 Sulte, Apt. #, etc05/16/9701099001 ***1805.00 ****203.75 | | | |
| | | | | | | | City | | Zip Co | | |
| | | | * | | | | | | <u>FL</u> | | |
| its registe | red office or registe | | | | | | | | submits this statement for rity of the members. I hereb | | |
| SIGNATI | JRE | \mathcal{L} | 2 [| | | | | | DATE 4-28 | -97 | |
| | | (Registered Agent Accepting | | (NOTE | Registered Age | | | | | | |
| 10. Title | Manag | ing Members/Manage | s \ | | · · · · · · · · · · · · · · · · · · · | Buşine | ess Street Addre | 988 | City, State ar | io Zip Code | |
| MGRM | CHANDRA, | RAJIV | | 20 | EAST | EAST MELBOU | | AVENUE | MELBOURNE F | L | |
| MGRM | WIDDOES, | HOLTAY E | | 30 | EAST | MEI | BOURNE | AVENUE | MELBOURNE F | L | |
| | | | | | | | : • | | | • | |
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| | | | | | | | | | | NE NOM | |
| indicated limited liab | on this annual repo | rt is true and accurate | and that m | y signa | tore shall ha | ave the | same legal effec | t as if made under oa | Florida Statutes. I further o th; that I am a managing m les; and that my name appe | ember or manager of the | |
| SIGN | NATURE: | | | | | | | 4.2 | 8.97 40 | 7-951-7404 | |
| U.G. | TOTAL | SKINATURE AND TYP | ED OR PRINT | ECHAME | OF SIGNING M | ANAGING | MEMBER OR MANAG | | Dete | Daytime Phone # | |