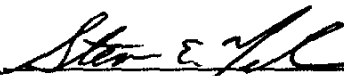


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 AMORIS EDITION, LC 1858-B NICKLAUS COURT TALLAHASSEE FL 32301		DOCUMENT #L96000001240	
11 above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 1858-B NICKLAUS COURT TALLAHASSEE FL 32301	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address P.O. Box 11247 Suite, Apt. #, etc. City & State Zip Country 32302-3247	3. Date Organized or Qualified 1/26/1996	3a. State of Formation FL
		4. FEI Number	☒ Applied For ☐ Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired ☐ SB 75 Additional Fee Required
7. Name and Address of Current Registered Agent NELSON, STEVEN E 1858-B NICKLAUS COURT TALLAHASSEE FL 32301		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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	NELSON, STEVEN E	1858-B NICKLAUS COURT	TALLAHASSEE FL
MEM	PAULL, JENNIFER	1858-B NICKLAUS COURT	TALLAHASSEE FL
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:  STEVEN E. NELSON		12 Apr 1997 904-942-5244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	