

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

APPROVED
AND
FILED

97 MAY -5 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	DOCUMENT # L96000001339
---	--------------------------------

ANGELA DRESKA LIMITED COMPANY
8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

1a. Principal Place of Business Address
8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

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

2. Principal Place of Business SAME		2a. Mailing Address SAME		3. Date Organized or Qualified 2/23/1996	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0734528	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent MCCLUSKEY, ANGELA D 8021 FISHER ISLAND DRIVE FISHER ISLAND FL 33109		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
MGRM	MCCLUSKEY, ANGELA D	8021 FISHER ISLAND DR	FISHER ISLAND FL 33109

400002176514--0
-05/13/97--D1063--005
****203.75 ****203.75

Angela Dreska
5/5/97

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: *Angela Dreska* **4/29/97** **(305) 534-8548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #