

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -4 AM 8:42

~~\$150.00~~
FILING FEE
~~\$-888.75~~ Annual Report \$100.00 + \$100.75 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 4/29/97	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MCCLUSKEY, ANGELA D
8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

000002513460-2
-05/06/98--01072--007
****150.00 ****150.00
Zip Code
FL

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

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

000002513460-2
-05/06/98--01072--008
*****38.75 *****38.75

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:

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

4/27/98

Date

Daytime Phone #

(305) 534-8548

Angela D. McCluskey