

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

142

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILED

97 SEP -5 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000013

EURO-AMERICAN MANAGEMENT GROUP, L.C.
445 HOWELL AVENUE
BROOKSVILLE FL 34601

1a. Principal Place of Business Address

445 HOWELL AVENUE
BROOKSVILLE FL 34601

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. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/31/1996

FL

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

59-3465261

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

BARNETTE, THOMAS E
445 HOWELL AVENUE
BROOKSVILLE FL 34601

Name

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

4000002288464--3

Suite, Apt. #, etc.

-09/09/97--01062--001

****203.75 ****203.75

City

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

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	BARNETTE, THOMAS E	445 HOWELL AVENUE	BROOKSVILLE FL
MEM	BARNETTE, REBECCA D	445 HOWELL AVENUE	BROOKSVILLE FL
MEM	BARNETTE, THOMAS J	521 VILLAGE TRACE, BLDG 10	MARIETTA GA

OK
G-8

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

Thomas E. Barnett Sept 2 1997 3517993876

Sep-08-97 09:17P

To: Brenda Tedlock

P.01

2062



August 21, 1997

Florida Dept. of State
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

According to our records, the original of this form was mailed April 27, 1997. The form was returned because no FBI number was included on the original form. The corrected form (with Federal ID) was resubmitted. A check for \$203.75 accompanied the original return. It was drawn on the account of Euro-African Programs, Inc. (A subsidiary of Euro-American Management Group, L. C. That check has not cleared the bank.

We do not feel that we owe the late fee, as the original was filed on time. If the corrected form and/or check has been lost, please let us know and we will gladly send a replacement form and/or check.

Best Regards,

Thomas E. Barnette

Thomas E. Barnette
President

FILED
97 SEP -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EURO-AMERICAN PROGRAMS, INC.
Specialized programs in travel and education

P. O. Box 1388 - Brooksville, Florida 34605 - Phone (352) 799-3876 / Fax (352) 799-8494