| | | e May 1, 1998 00.00 LATE F | | d Liability | Com | ıpany wiii be | | | | |
|--|--------------------------------|-----------------------------------|---------------------|---|--|--|---|--------------------|--|--|
| LIMITE | TY COMPANY REPORT | Sandra Secre | a B. Me etary of | ENT OF STATE lortham f State PORATIONS | SECRETARY OF STATE DIVISION OF | | | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLINE NIT # | | | | | | | | 1 14 100 1 | 4/29 | |
| of Limit | ited Liability Co | | UMEN [®] | Γ# _{L970} | # L9700000175 | | 1a. Principal Place of Business Address | | | |
| 13543 EAST HIGHWAY 50 CLERMONT FL 34711 | | | | | | 13543 EAST HIGHWAY 50 CLERMONT FL 34711 | | | | |
| 2. Princip | 2. Principal Place of Business | | | 2a. Mailing Address | | | 3. Date Organiz | ed or Qualified | 3a. State of Formation | |
| Suite, Apt. | #, etc. | | Suite, A | Suite, Apt. #, etc. | | | 02/12/1997 FL 4. FEI Number | | | |
| Cliv & State | | | City & S | City & State | | | 4. PEI NUINUSI | | Applied For | |
| City & State | | | Ony a C | City & State | | | 5. Date of Last I | Penort | Not Applicable 6. Certificate of Status Desired | |
| Zip | | Country | Žip | , , | Count | try | S. Salo of Buot Hopoit | | S8 75 Additional Fee Required | |
| | and Address of Cur | rent Registerer | d Agent | | 8. Name | Name and Addres | s of New Regis | tered Agent/Office | | |
| 13543 | | WARD P II HIGHWAY 5 L 34711 | 0 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | Sulte, Apt. #, etc | | • | | | |
| | | **** | | | City | | | Zip Code | | |
| its register | red o ffice or regi | | in the State of Flo | | | | tive vote of a majori | ty of the member | ment for the purpose of changing s. I hereby accept the appointmen | |
| SIGNATURE (Registered Agen) Accounting Appointment). (NOTE Registered Agen) | | | | | ulanna Iner | nature required when reinstating) | | | | |
| 10. Title Managing Members/Managers | | | | (NOTE Tropies | Business Street Address | | | City, | State and Zip Code | |
| | | | | | | | | | | |
| MEM | BERGER, DAVID E | | | 605 BF | 605 BROADWAY AVENUE | | | E ORLANDO FL | | |
| MEM | BERGER, DANIEL S 4801 FA: | | | | 'AIR | RMONT AVENUE #801 BETHESDA MD | | | | |
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| indicated o | on th is a nnual re | eport is true and accura | ate and that my: | signature shall h | nave the s | same legal effect as | if made under oath | ; that I am a man | I further certify that the information naging member or manager of the ame appears in Block 10, or on ar | |

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attachment with an address