


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 AM 10:26 th 3/2	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  RIPT ENTERPRISES, LLC 11917 WANDSWORTH DRIVE TAMPA FL 33626		DOCUMENT # L97000000279		1a. Principal Place of Business Address  11917 WANDSWORTH DRIVE TAMPA FL 33626	
2. Principal Place of Business 15836 N. Dale Mabrey Hwy Suite, Apt. #, etc.		2a. Mailing Address  Suite, Apt. #, etc.		3. Date Organized or Qualified 02/20/1997 3a. State of Formation FL	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3428452 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33626 Country Hillsborough		Zip Country		5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  GREENE, ROBERT F 1301 6TH AVENUE WEST SUITE 505 BRADENTON FL 34205				8. Name and Address of New Registered Agent/Office 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	
MGR	PEAVY, TAMMY	11917 WANDSWORTH DRIVE		TAMPA FL	
MGR	RAKATANSKY, IRA	POST OFFICE BOX 569		SUDBURY MA	
				900002445289-0 -03/03/98--01046--004 ****188.75 ****188.75	
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: <u>Tammy Peavy</u> 2:23.98 (813) 963-5581 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					