

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 17 PM 2:24

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000000349</b>  THE HELLEKSON BARN LIMITED COMPANY 1200 S. French Avenue Sanford, FL 32771
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1a. Principal Place of Business Address  1200 S. French Avenue Sanford, FL 32771
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2. Principal Place of Business 1200 S. French Avenue Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address P. O. Box 4848 Suite, Apt. #, etc. City & State Sanford, FL Zip Country 32772-4848 USA	3. Date Organized or Qualified 3/25/97	3a. State of Formation Florida
		4. FEI Number 59-3433304	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  Frank C. Whigham 200 W. First Street - Suite 22 Sanford, FL 32771	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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 is required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MICHAEL HELLEKSON	1821 Beacon Dr.	Sanford, FL 32771
M	SHEILA HELLEKSON KING	5001 Nebraska Ave.	Sanford, FL 32771
M	ROBERT HELLEKSON	1987 Quinitilis Ct.	Deltona, FL 32738

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:  MICHAEL HELLEKSON 5/26/99 407/321-3883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #