

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  
**Sandra G. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WR  
3/23

98 MAR 23 PM 2:58

**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  
**DOCUMENT # L97000000361**  
  
HUE HUE TENANGO OF FLORIDA, L.L.C.  
15821 FAIRCHILD DRIVE  
TAMPA FL 33647

1a. Principal Place of Business Address  
  
15821 FAIRCHILD DRIVE  
TAMPA FL 33647

2. Principal Place of Business  
Bell Tower  
Suite, Apt. #, etc.  
FL. MAYORS IPL  
City & State  
Zip  
Country  
Lee

2a. Mailing Address  
1171 Salt Marsh Circle  
Suite, Apt. #, etc.  
City & State  
Ponte Vedra FL  
Zip  
Country  
St. Johns  
32082

3. Date Organized or Qualified  
03/27/1997

3a. State of Formation  
FL

4. FEI Number  
59-0155625  
 Applied For  
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired  
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
DOSTER, JOHN C  
15821 FAIRCHILD DRIVE  
TAMPA FL 33647

8. Name and Address of New Registered Agent/Office  
Name  
John C Doster  
Street Address (P.O. Box Number is Not Acceptable)  
1171 Salt Marsh Circle  
Suite, Apt. #, etc.  
Ponte Vedra  
City  
FL  
Zip Code  
32082

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 [Signature] DATE 3-2-98  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HUE HUE TENAGO, L.L.C.	708 THORNWOOD PLACE	KINGSPORT TN
MEM	DOSTER, JOHN C	15821 FAIRCHILD DRIVE	TAMPA FL
MEM	MALOY, KENNETH	708 THORNWOOD DRIVE	KINGSPORT TN

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\*\*\*\*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: [Signature] John C Doster 3-2-98  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #