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

LIMITED LIABILITY COMPANY & ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

\$ 188	and Malling Ad and Malling Ad and Malling Ad at the Liability Co. TAYLOR 9286 WF NEWPORT Dail Place of Bus	ual Report \$100.00 ke Check Payable Todgess mpany CREEK HOLDI RWICK BLVD. NEWS VA 23	Corporation Supplemental Fee HIDA DEPARTMENT OF STATE # 19700000374 L.C ing Address Dox 22046/ ot. #, etc.			98 APR -6 AM 8: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 9286 WARWICK BLVD. NEWPORT NEWS VA 23607 3. Date Organized or Qualified 3a. State of Formation 04/01/1997 FL 4. FEI Number Applied For Not Applied For Not Applied Business Address					
Zip	Country			Zip 8222 Country			5. Date of Last I		6. Certificate	of Status	Desired
		<u> </u>	1	5000	1		<u> </u>			·············	
	7. Name	and Address of Current	Registered	Agent		Name and Address of New Registered Agent/O Name					
FORT 9. Pursua its register as register	PIERCE	ions of Sections 608.416 ascept the obligations.	and 608.508, 5 State of Flor	Florida Statut ida. Such char	tes, the ab	Sulte, Apt. #, etc. City ove-named limited	liablity company s tive vote of a majori	-04/14 **** FL ubmits this state ty of the members	4873 798 - UII 88.75 Zip Code	IUB[k***18	38.75
SIGNATU	JRE	(Registered Agent Accepting /	Appointment) (N	IOTE: Registered A	geni signature	required when reinstalling))	DATE			
10. Title	Title Managing Members/Managers			Business Street Address				State and Zip Code			
MGR	HOLLAN	ID CONSTRUCT	ION C	P.O.	BOX 2	220461 N	I/A	CHARLO	OTTE NO	IPR -	8 1998
			······································								
11. Ido hei	reby certify that t	the information supplied wit	th this filing do	oes not qualify:	for the exe	mption stated in Se	ction 119.07(3) (i). F	lorida Statutes.	further certify t	hat the info	rmation

Indicates on this annual report is true and accurate and that my signature shall have the same shall effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered 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.