LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			Sandra I Secreta	RTMENT OF STATE B. Mortham any of State CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY - 4 PM 12: 04		
\$ 188 1. Name of Limi	and Mailing Address Ited Liability Company	To: FLOF	DA DEPARTI F # 1970(MENT OF STATE		ace of Business Ad	
	DHS MAINTENANCE S 352 W CONNECTICUI LAKE HELEN FL 327	AVE	ES, L.C.	ι		CONNECTIO ELEN FL 3	
2. Principal Place of Business 2a. Mai			ling Address		3. Date Organized or Qualified 3a. State of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04/07/1997 FL 4. FEI Number Dapplied For		
City & State		City & State			59-3447963 Not Applicable		
Zip	Country	Zip		Country	5. Date of Last		3. Certificate of Status Desired
	7. Name and Address of Curren	t Registered	Agent	8. Name	Name and Addres	ss of New Register	ed Agent/Office
352 W CONNECTICUT AVE LAKE HELEN FL 32744				Sulte, Apt. #, etc			
0 Poreus	ant to the provisions of Sections 608.410	and 609 500	Elorido Statutos	City	d de biliter en manuel	FL	zip Code
its register	red office or registered agent, or both, in t red agent, and accept the obligations.	he State of Fic	wida. Such change	was authorized by affirma	ative vote of a major	DATE $4 - 2$	hereby accept the appointment
(Registered Agent Accepting Appointment) (10. Title Managing Members/Managers			NOTE: Registered Agent signature required when reinstating) Business Street Address			City, State and Zip Code	
MEM	PRESTON, TODD		352 W CONNECTICUT AVE		AVE	LAKE HELEN FL	
MEM	CYNTHIA,		352 W C	352 W CONNECTICUT AVE		LAKE HELEN FL	
VP nGRM	- 1		352 W. CONNECTICUT AUE.		T AUE.		IELEN, FL.
					40	00025 -05/077 ****18	5 14804 6 8801014025 8.75 ****188.75
	reby certify that the information supplied to				· · · · · · · · · · · · · · · · · · ·		