


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 B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -1 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L97000000411		1a. Principal Place of Business Address 4534 WEST VILLAGE DRIVE TAMPA FL 33624	
2. Principal Place of Business 4935 Churchill Pl Suite, Apt. #, etc.		2a. Mailing Address 4121 W. WATERS AVE. Suite, Apt. #, etc.		3. Date Organized or Qualified 04/11/1997	
City & State Land o Lakes, FL		City & State TAMPA FL		3a. State of Formation FL	
Zip 34639		Country USA		4. FEI Number 59-3438336	
5. Date of Last Report		6. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent BREWER, TIMOTHY 4534 WEST VILLAGE DRIVE TAMPA FL 33624		8. Name and Address of New Registered Agent/Office Name TIMOTHY JON BREWER Street Address (P.O. Box Number is Not Acceptable) 4935 Churchill Pl Suite, Apt. #, etc. 900002514829-8 City Land o Lakes FL 34639			
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 2/27/98 (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	BREWER, TIMOTHY JON	4534 WEST VILLAGE DRIVE 4935 Churchill Pl		TAMPA FL Land o Lakes, FL 34639	
MGRM	JACKSON, FRANK R	3202 COLWELL AVE. #1306		TAMPA FL	
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: _____ DATE 2/27/98 (813) 249-7878 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #					