

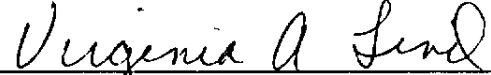


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 APR 22 PM 2:37 <i>h473</i>	
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 # L97000000544		1a. Principal Place of Business Address	
ABRAHAMSON'S REPAIRS, L.C. 7551 BLACKJACK CIRCLE NAVARRE FL 32566				7551 BLACKJACK CIRCLE NAVARRE FL 32566	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
7551 Blackjack Cir Suite, Apt. #, etc. Same		Same		05/19/1997	
City & State Navarre FL		City & State		4. FEI Number 59-3448975	
Zip 32566		Country USA		5. Date of Last Report 1st time	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SUITE 12 SHALIMAR FL 32579		Name Street Address (P.O. Box Number is Not Acceptable) 200002502862-- 0 Suite, Apt. #, etc. -04/28/98--01061--020 ***188.75 ***188.75 City FL Zip Code			
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 4-17-98	
10. Title					
Managing Members/Managers		Business Street Address		City, State and Zip Code	
MEM LIND, VIRGINIA		13 HOLMES BLVD		FT WALTON BEACH FL	
MEM ABRAHAMSON, BRYAN		7551 BLACKJACK CIRCLE		NAVARRE 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:  4-17-98 850-862-5511

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #