File on or before May 1, 1998 or subject to a \$ 400.00 LATE FEE		company will be	8			
LIMITED LIABILITY COMPANY ANNUAL REPORT	Sandra I	ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
1998	CORPORATIONS	98 MAR 13 PM 4: 00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000713				i enda		
			11101 111	2001111	11 02 304	
2. Principal Place of Business 404 North Miramar A	2a. Mailing Address			ed or Qualified	3a. State of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			997	FL	
City & State			59-345669 Z Applied For			
INDIALANTIC FL	IND IACANT	Country	5. Date of Last F	Report	6. Certificate of Status Desired	
32903 BREVARD	32903	BOUNTED	NA	- [\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office						
575 S. WICKHAM RD:, ST WEST MELBOURNE FL 3290		4-0 4 Sulte, Apt. #, etc		MIRA	Zip Code 32903	
9. Pursuant to the provisions of Sections 608 416 a its registered office or registered agent, or both, in the as registered agent, and accept the obligations. SIGNATURE	State of Florida. Such change	was authorized by affirma	itive vote of a majorit	ubmits this stater y of the members	ment for the purpose of changing at least the appointment $\frac{1}{5}/98$	
10. Title Managing Members/Manager	Appointment) (NOTE Registered Agent &	signature required when reinstating Business Street Address	g)	City,	State and Zip Code	
MGR CHARK, COY A	575 ST	. , STB. E	WEST-M	ELBOURNE FL		
T.J. DAVIDS	404	404 NORTH MIRAN		TAPI	ALANTIO , I-L 32903	
			00	-03/17	4594707 79801048025 88.75 ****188.75	
					<i>/</i>	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 AND TYPE	D OR PRINTED NAME OF SIGNING MANA	SAULD S	3	/5/98 Date	404 423~5611 Daysme Prione #	