File on c	or before	May 1,	1998 or L	.imite	ed Liability (Company	will be	•					
ANNUAL REPORT						DRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee									98 MAR 30 AM 9: 29				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STA 1. Name and Malling Address of Limited Liability Company OCUMENT # 19700000733								t 413					
of Limite	MEN	2	1a. Principal Place of Business Address										
ROCK-N-ROLL HEAVEN USA, L.C. 10621 AIRPORT PULLING ROAD NAPLES FL 34109								10621 AIRPORT PULLING ROAD NAPLES FL 34109					
	I Place of Bus	iness		alling Address				3. Date Organized or Qualified 3e. State of Form					
				X 5	Suite, Apt. #, etc.				07/03/1997 FL				
					305				4. FEI Number Applied For				
City & State				NOPLS FLA			65-0784320			lo	Not Applicable		
Zip		Country 21p C				Country		5. Date of	eport (icate of Status Desired		
	7. Name	and Addres	s of Current R				8.	8. Name and Address of New Registered Agent/Office					
Its registered office or registered agent, or both, in the State of Florida. Such change was a							Street Address (P.O. Box Number is Not Acceptable) OOOOO2483210						
	ed agent, and ac	accept the o	bligations.						C	ATE			
					7	OTE: Registered Agent signature required when reinstating: Business Street Address				City, State and Zip Code			
10. Title	Ma	naging Menu	ers/managers			Dusiness Street	T AUDIOSS			Oily,	Oldio di R	1217 0000	
MGRM	RM TARANGELO, JOHN				10621	10621 AIRPORT PULI				NAPLES	FL		
MEM	M SORRENTINE, ROBERT			10621 AIRPORT PULI			LING 1	ROAD	NAPLES	FL			
			,										
									1				
									ĺ				
1													
indicated or limited liabil	n this an nual r	eport is true a or the receive	prod agicurate an	id thai m	y signature shall ha∙	ve the same leg	al effect as	s if made un	der oath;	that I am a mar	iaging me	ertify that the information mber or manager of the ars in Block 10, or on an	

SYMATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Daytime Phone #

Date

SIGNATURE: X