


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. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -6 AM 8:53	
<b>FILING FEE</b> \$ 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 <b>DOCUMENT #</b> L97000001184  STATION, L.C. 13948 RIVER ROAD, UNIT 4A P.O. BOX 34028 PENSACOLA FL 32507-4028		1a. Principal Place of Business Address  13948 RIVER ROAD, UNIT 4A P.O. BOX 34028 PENSACOLA FL 32507			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  P.O. Box 34028  City & State Pensacola Florida  Zip Country 32507-4028 USA		3. Date Organized or Qualified 10/23/1997 3a. State of Formation FL 4. FEI Number 59-3501553 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$175 Additional Fee Required	
7. Name and Address of Current Registered Agent  SMITH, HAMILTON 13948 RIVER ROAD, UNIT 4A P. O. BOX 34028 PENSACOLA FL 32507		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code MAA			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	SMITH, HAMILTON	13948 RIVER RD., UNIT 4A		PENSACOLA FL	
MEM	SHERIDAN, STEVE	13948 RIVER RD., UNIT 4A		PENSACOLA FL	
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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:  Hamilton Smith 4-30-98 (850) 492-0643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #