

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 24 AM 11:55

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001325

LTD ASSOCIATES, L.C.
1417 SADLER ROAD, UNIT 264
AMELIA ISLAND FL 32034-4466

1a. Principal Place of Business Address

1417 SADLER ROAD, UNIT 264
AMELIA ISLAND FL 32034

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/24/1997

FL

4. FEI Number

59-3478491

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N.A.

6. Certificate of Status Desired

SB 75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MORRIS, CLYDE
5389 FLORENCE POINT DRIVE
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RICHARDS, PETER C	1417 SADLER ROAD, UNIT 264	AMELIA ISLAND FL
MGR	RICHARDS, JANE ADAMS	1417 SADLER ROAD, UNIT 264	AMELIA ISLAND FL
MGR	MORRIS, CLYDE	5389 FLORENCE POINT DRIVE	FERNANDINA BEACH 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)(l), 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:

Clyde Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

904 261-0097