File on subject	or before	May 1, 1998 or 00.00 LATE FEE	Limited	d Liability C	ompany will b	) <del>e</del>				
	ANNUAL F			Sandra E Secreta	RTMENT OF STATE  I. Mortham  ry of State	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
1998 DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						9	98 APR 13 PM 3: 00			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLIMENT #									H 4/14	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9700001369						1a. Principal Place of Business Address				
-	1660 L	ATTITUDE LLC ANE AVE. SOU WILLE FL 32	1660 LANE AVE. SOUTH, #8 JACKSONVILLE FL 32210							
2. Princip	2. Principal Place of Business 2a. Mal					3. Date Organiz	ed or Qualified	3a. State of	Formation	
Suite, Apt.	Sulte, Apt. #, etc.			ot. #, etc.	12/08/1 4. FEI Number	12/08/1997 FL				
City & State			City & State			_			Applied For	
						5. Date of Last I	9-3481165 Not Applicable e of Last Report 6. Certificate of Status Desired			
Zip	ip Country		Zip Country		Country	St		\$8.75 Addition	\$8.75 Additional Fre Bequired	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name										
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  City  Zip Code  3273  Suite, Apt. #, etc.  2ip Code  3271  Surve LEFL  3271  P. 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.										
BIGNATURE (Registered Agent Accepting Appointment) (N				NOTE: Registered Agent t	pignature required when reinstal					
10. Title	Managing Members/Managers		<u> </u>	E	<u> </u>	City	, State and Zip	Code		
MGR	BLOUNT, WINSTON F			3373 SU	NNYBROOK A	VE. NORTH	JACKS	ONVILLE	FL 32214	
MOR	AUSTIN, MICHELE C			4744 FRENCH STREET				<del>ONVILLE</del>	<del>- FL</del>	
MGR	BLow	wt, Li no	3373	BROOKAUL N.	JACK	isomi'u	32NG			
						60	00002 -04/1 ****	2 <b>4 90</b> * 6/9801 188, 75	786 ; 1066014 ****188.75	
indicated of imited liab	on this annual r	the information supplied wi eport is true and accurate a or the receiver or trustee em	nd that my	signature shall havi	e the same legal effect as required by Chapte	as if made under oath	n; that I am a ma	naging membe	r or manager of the Block 10, or on an	