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 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 2:18

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

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT # L98000000701**

FL-1, LLC
516 Commodore Circle
Delray Beach, FL 33483

1a. Principal Place of Business Address

516 Commodore Circle
Delray Beach, FL
33483

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
516 Commodore Circle	4790 Seabreak Rd.	MAY 28, 1998	FL
Suite, Apt. #, etc: NO CHANGE	Suite, Apt. #, etc: NO CHANGE	4. FEI Number: ☐ Applied For ☑ Not Applicable	
City & State: Delray Beach	City & State:	5. Date of Last Report	6. Certificate of Status Desired ☑
Zip: 33483 Country: USA	Zip: Country:		

7. Name and Address of Current Registered Agent

Ed Bush
Daves, Whalen et al
301 Clematis St. #200
WPB, FL 33401

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:

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when not listing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	Ed Bush	516 Commodore Cir. Delray Beach, FL 33483	SAME
MGR	Paula E Bielski		

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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: _____ 1-26-99 305-688-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)