

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001072

L.I.R. 1, L.L.C.
2329 GROVE STREET
SARASOTA FL 34239

FILED

99 SEP -3 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

2329 GROVE STREET
SARASOTA FL 34239

2. Principal Place of Business

21825 S. Osprey Ave.
State, Apt. #, etc.

2a. Mailing Address

2329 Grove St.
Suite, Apt. #, etc.

3. Date Organized or Qualified

07/13/1998

3a. State of Formation

FL

4. FEI Number

05-0849425

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

City & State

Sarasota FL

34239

Country

USA

City & State

Sarasota FL

34239

Country

USA

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

HARRELL, DONALD J
1776 RINGLING BLVD
SARASOTA FL 34236

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

(Signature of Agent, Secretary, or Registered Agent required when changing registered agent or office)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MENKE, C. CRAIG	2329 GROVE STREET	SARASOTA FL 34239

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****588.75 ****588.75

11. I, the undersigned, 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 furnished 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:

C. Craig Menke

(Signature of Agent, Secretary, or Registered Agent required when changing registered agent or office)

Date

Printed Name