

2<sup>nd</sup> 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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED** *hl 8/9*  
99 AUG -5 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000002974**

**RATCLIFFE ORCHIDS, LLC**  
2501 SAND HILL ROAD  
KISSIMMEE FL 34747

1a. Principal Place of Business Address

2501 SAND HILL ROAD  
KISSIMMEE FL 34747

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/01/1998	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired See 7. Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**SIMON, GARY P**  
9100 SOUTH DADELAND BLVD., SUITE 504  
MIAMI FL 33156

8. Name and Address of New Registered Agent/Office

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 \_\_\_\_\_

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PHILLIPS, PAUL	2501 SAND HILL ROAD	KISSIMMEE FL
MGR	PHILLIPS, MARY	2501 SAND HILL ROAD	KISSIMMEE FL

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\*\*\*\*188.75 \*\*\*\*188.75

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:**

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

*Paul Phillips* PAUL PHILLIPS

7/28/1999

(407) 396-7732

Date

Clarified Phone #



# Ratcliffe Orchids LLC

2501 Sand Hill Road, Kissimmee, FL 34747

Tel: (407) 396 7732

e-mail: Paphcliffe@aol.com

<http://www.zoo.co.uk/~z0001324>

July 28, 1999

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee  
FL 32314

Dear Sirs

We enclose the Annual Report for this company, duly signed, and although it states "2nd and Final Notice" we wish to draw your attention to the fact that we never received an earlier Notice.

When we telephoned to your department for help one of your administrators advised us to write a letter of explanation and enclose a check for \$188.75. This we do herewith and trust that it settles the matter satisfactorily.

Thank you for your assistance.

Yours faithfully

  
Paul Phillips  
Ratcliffe Orchids LLC

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