


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|---------------------------|--|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 APR 30 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # 198000003193 | | | |
| DEN-DI, L.L.C. 4439 WINDERLAKES DRIVE ORLANDO FL 32835 | | 1a. Principal Place of Business Address 4439 WINDERLAKES DRIVE ORLANDO FL 32835 | | | |
| 2. Principal Place of Business 430 W. Minnehaha Ave Suite, Apt. #, etc. City & State Clermont FL Zip 34711 Country USA | | 2a. Mailing Address 561 Mar Nan Mar Place Suite, Apt. #, etc. City & State Clermont, FL Zip 34711 Country USA | | 3. Date Organized or Qualified 12/11/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent REIS, DENNIS MAR NAN MAR PLACE CLERMONT FL 34711 | | 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing agent) DATE _____ | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | REIS, DENNIS | 561 MAR NAN MAR PLACE | | CLERMONT FL | |
| MGRM | REIS, DIANE M | 561 MAR NAN MAR PLACE | | CLERMONT FL | |
| 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: <i>Dennis E. Reis</i> | | 4-27-99 | | 407-851-4360 581 319 | |