
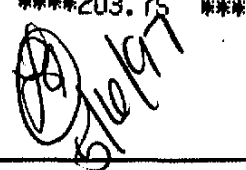
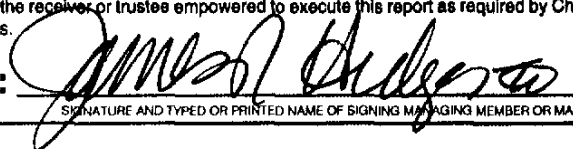


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <i>Sandra B. ...</i> Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #		1a. Principal Place of Business Address	
LJH GLOBAL INVESTMENTS, L.L.C., L.C. 400 5TH AVE SOUTH SUITE 301 NAPLES FL 33940		M94000000018		400 5TH AVE SOUTH SUITE 301 NAPLES FL 33940	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/22/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		55-0431100	
Country		Country		5. Date of Last Report	
		34102		04/29/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
HEDGES, JAMES R IV 400 5TH AVE. SOUTH STE. 202 301 NAPLES FL 33940 34102		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 signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HEDGES, JAMES R IV	400 5TH AVE SOUTH		NAPLES FL	
800002169158--1 -05/07/97--01044--014 ****203.75 ****203.75 					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		4/16/97 (941) 263-7445			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	