

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

**APPROVED  
AND  
FILED**

1997 APR 28 AM 8:36

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 # M94000000023**

DAY & ZIMMERMANN LLC L.C.  
1818 MARKET STREET  
PHILADELPHIA PA 19103

1a. Principal Place of Business Address

1818 MARKET STREET  
PHILADELPHIA PA 19103

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

1818 Market Street  
Suite, Apt. #, etc.

2a. Mailing Address

1818 Market Street  
Suite, Apt. #, etc.

3. Date Organized or Qualified

04/04/1994

3a. State of Formation

DE

4. FEI Number

23-2743219

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/01/1996

6. Certificate of Status Desired

See 7c. Additional Fee Required ☐

City & State

Philadelphia PA

Zip

PA

Country

USA

City & State

Philadelphia PA

Zip

19103

Country

USA

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent

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

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

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR YOH, H L JR.

1818 MARKET STREET

PHILADELPHIA PA

MGR FOLLMAN, JOHN P

1818 MARKET STREET

PHILADELPHIA PA

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\*\*\*\*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)(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

Date

Daytime Phone #