

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 23, 1996, If Dissolved, Minimum Amount Due To Reinstatement: \$738.75

APPROVED
AND
FILED

95 JUL -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT #M94000000178 MITCHELL FAMILY INTERESTS, L.L.C., LIMITED COMPANY 5258 DIJON DRIVE BATON ROUGE LA 70808

1a. Principal Place of Business Address 5258 DIJON DRIVE BATON ROUGE LA 70808

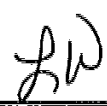
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address		2a. Principal Place of Business		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Same		12/21/1994	LA
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip		Country		72-1256736	
				5. Date of Last Report	6. Certificate of Status Desired
				None	58.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD 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
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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	MITCHELL, CHARLES F II	5258 DIJON DRIVE	BATON ROUGE LA
			100001538101 -07/10/95--01021--001 ****263.75 ****263.75 

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3) (k), 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 600, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **Charles F. Mitchell, Managing Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone