

**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

97 FEB 18 PM 3:56

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 # 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 2a.

**2** Principal Place of Business

**2a.** Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3.** Date Organized or Qualified

**3a.** State of Formation

12/21/1994

LA

**4.** FEI Number

☐ Applied For

☐ Not Applicable

72-1256736

**5.** Date of Last Report

**6.** Certificate of Status Desired

07/03/1996

\$8.75 Additional Fee Required ☐

**7.** Name and Address of Current Registered Agent

**8.** Name and Address of New Registered Agent

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

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
MGRM	MITCHELL, CHARLES F II	5258 DIJON DRIVE	BATON ROUGE LA
			400002093594--2 -02/20/97--01095--019 ****203.75 ****203.75
			<i>A. Alan</i> 2/18/97

**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 #

2/13/97 504-769-1090