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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



ANNUAL REPORT 1997 Secretary of State DIVISION OF CORPORATION						State	97 FEB 21 PM 1:					
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #M95000000261								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
\mathbf{P}	OST (OFFICE BO	ORGANIZAT OX 168 TN 37040	•	.L.C.		5001 STE.	SPRI 800E	ce of Business ING VAL E K 75244	LEY RI	D.	
If above	mailing add	ress is incorrect in an	y way, line through in			rection in Block 2a.						
	oal Place (of Business	28	. Mailing Addri	ess		3. Date Organized or Qualified 3a. State of Formation					
Suite, Apt. #, otc.				Suite, Apt. #, etc.			_09/11/1995 þ E					
•							4. FEI I	4. FEI Number Applied For				
City & State				City & State			75-2574920 Not Applicable					
Žiρ		Country	Zip)	Count	ry	5. Date	of Last F	Report	6. Certific	ate of Status Desired	
							03/01	1/199	96	58 75 Addit	tions: Fee Regaired	
	7.	Name and Addres	s of Current Regis	stered Agent		Name			ress of New R	egistered A	gent	
its registe	red office ered agent	or registered agent, I, and accept the of	, or both, in the State bligations.	of Florida. Suc	h change was a	uthorized by affirm	ed liability co native vote of	f a majorit	y of the membe	rs. I hereby a	e purpose of changin accept the appointmen	
SIGNATO	JRE	(Registered	Agent Accepting Appointn	nent) (NOTE Regis	stered Agent signatur	e required when reinstation	ng)	[[]	DATE			
10. Title	Title Managing Members/Managers			Business Street Addres			City, State and Zip Code			Zip Code		
IGR	L'HE	HERITAGE	ORGANIZA	AT 5001	SPRING	CVALLEY		80	ALLAS OCIO2 -02/2! ****	2 096 5/970 203.75	018! 01001010 ****203.7! M	
											lify that the information	

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #