


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

APPROVED
AND
FILED

1997 MAR -3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 # M95000000321
FOCUS RIVER BRIDGE, L.L.C. THREE PEIDMONT CENTER 3365 PIEDMONT ROAD, N.E., STE. 710 ATLANTA GA 30305	

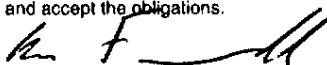
1a. Principal Place of Business Address
THREE PEIDMONT CENTER 3365 PIEDMONT ROAD, N.E., STE ATLANTA GA 30305

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

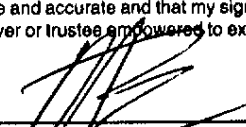
3. Date Organized or Qualified	3a. State of Formation
10/30/1995	GA
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
58-2197711	
5. Date of Last Report	6. Certificate of Status Desired
03/22/1996	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
TAYLOR, CINDY 201 EAST KENNEDY BLVD., SUITE 1400 TAMPA FL 33602

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 	DATE 2/10/97
(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	BLONDER, MICHAEL J	3565 PIEDMONT ROAD, N.E.,	ATLANTA GA
MGRM	DEGUARDIOLA, ED	3565 PIEDMONT ROAD, N.E.,	ATLANTA GA
			700002104067--3 -03/04/97--01096--026 ****101.88 ****101.88
			700002104067--3 -03/04/97--01096--027 ****101.88 ****101.88

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