
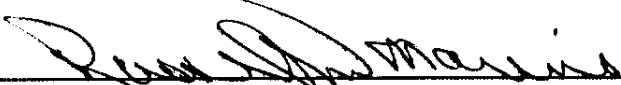


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 SONMAR OF BONITA SPRINGS, L.L.C. 16-BROADWAY,--SUITE-212 FARGO ND 58102		DOCUMENT #M95000000338 1a. Principal Place of Business Address 16-BROADWAY,--SUITE-212 FARGO ND 58102	
2. Principal Place of Business 15 Broadway, Suite 401 Suite, Apt. #, etc. Fargo, ND City & State 58102 Zip Country U S A		2a. Mailing Address 15 Broadway, Suite 401 Suite, Apt. #, etc. Fargo, ND City & State 58102 Zip Country U S A	
3. Date Organized or Qualified 11/15/1995		3a. State of Formation ND	
4. FEI Number 93-1190516		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/26/1996		6. Certificate of Status Desired <input type="checkbox"/> \$4.75 Additional Fee Required	
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 FL Zip Code	
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
M	MARING, RUSSELL D	160-BROADWAY,--SUITE-212 15 Broadway, Suite 401	FARGO ND 58102
M	OLSON, DENIS J	300 MAIN AVENUE, SUITE 112	FARGO ND 58103
500002145405--8 -04/16/97--01111--018 ****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)(l), 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 April 14, 1997 701-232-4020 Date Daytime Phone #			