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

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ <u>203</u>.75

97 APR -8 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #_{M9500000351}

-6 -∂.	400 BAY ACKSONV	E SISTEMS IN MEADOWS WAY ILLE FL 332	3400 BAYMEADOWS WAY, SUITE 1 JACKSONVILLE FL 33256									
		incorrect in any way, line thro	ough Incorrect I	information and enter	correction in Block 2a.	3. Date Organia	zed or Qualified	3a. State	of Formation			
					12							
7301 12414 AVE. NORTH F Sulte, Apt. #, etc. Suit			Suite, Apt.	Box 809		11/28/19 4. FEI Number		MI	1			
•						4, FEI NUMBER			Applied For			
City & Sta			City & Sta	te	de	B8-32178	92		Not Applicable			
LARGO, FLORIDA				RAPIDS,	5. Date of Last		6. Certific	cate of Status Desired				
Zip		Country	Zip		iuntry		•	SB.75 Add	itional Fee Required			
33	773	PINELLAS		8 - 8098	KENT	04/22/19						
	7. Name	and Address of Current	Registered /	Agent	8. Name and Add	dress of New Ro	egistered A	gent				
GRIT.	ROLAND				Name Roy	NEWMAN						
8400	BAYMEAD	OWS WAY, SU FL 33256	ITE 1			Street Address (P.O. Box Number is Not Acceptable)						
JACKS	ONALPTE	FL 33256		7301	· · · · · · · · · · · · · · · · · · ·							
					Suite, Apt. #, e							
				City				Zip Code				
					LAR				773			
its registe	ered office or regis ered agent, and i	lons of Sections 608.416 stered agent, or both, in the accept the obligations.	e State of Flori	da. Such change w	as authorized by affirm	națive vote of a majoi	DATE	rs. I hereby t	accept the appointment			
10. Title	Man	naging Members/Manager	rs	Bu	siness Street Addres	s	City	, State and	Zip Code			
MGR	BANKL,	ROBERT-	8	400 BAYM	eadows wa	Y, SUITE	JACKSON	VILLE	-FL			
MGR	NEWMAN	u, Rov		7301 - 12	41H Ave . /	VORTH	LARGO,	FL	33773			
			·			70	0002 -04/03 ****2	1 36 7970 03.75	0970 1096009 ****203.75			
•							6	4-8	en 97			

11. Ido 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 ilmited 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.

SI	~ >	1 A	TI	ID	e.
-	11				_

Llyman 147 CO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #