


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>\$ 588.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT #</b> M95000000365  <b>THERAPHY VENTURES L.L.C.</b> <b>7600 SOUTHLAND BLVD., SUITE 105A</b> <b>ORLANDO FL 32809</b>		<b>1a. Principal Place of Business Address</b>  <b>7600 SOUTHLAND BLVD., SUITE 1</b> <b>ORLANDO FL 32809</b>	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
<b>2. Principal Place of Business</b> <b>7688 MUNICIPAL DRIVE</b> Suite, Apt. #, etc.  City & State <b>ORLANDO, FL</b> Zip Country <b>32819 USA</b>		<b>2a. Mailing Address</b> <b>7688 MUNICIPAL DRIVE</b> Suite, Apt. #, etc.  City & State <b>ORLANDO, FL</b> Zip Country <b>32819 USA</b>	
<b>3. Date Organized or Qualified</b> <b>12/14/1995</b>		<b>3a. State of Formation</b> <b>UT</b>	
<b>4. FEI Number</b> <b>87-0544006</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> <b>05/13/1996</b>		<b>6. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  <b>DE LUNA, GUY</b> <b>7600 SOUTHLAND BOULEVARD, SUITE 105A</b> <b>ORLANDO FL 32809</b>		<b>8. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>7688 MUNICIPAL DRIVE</b> Suite, Apt. #, etc. City Zip Code <b>ORLANDO FL 32819</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		<b>DATE</b> _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
<b>MGRM</b>	<b>FRAZIER, SCOTT</b>	<b>1311 RIDGEDALE ROAD, SUITE</b>	<b>MINNETONKA MN</b>
<b>MARM</b>	<b>DE LUNA, GUY</b>	<b>913 SUNBURST DRIVE</b>	<b>ALPINE, UT 84004</b>
		<b>7688 MUNICIPAL DRIVE</b>	<b>ORLANDO, FL 32819</b>
			<b>600002304756--0</b>
			<b>-09/26/97--01066--008</b>
			<b>****597.50 ****597.50</b>
			<b>cus / KWM</b>

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:** Guy DeLuna

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

Date

Daytime Phone #