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

APPROVED

1997 HAR -3 PH 3: 15

FUINO FFE	SECRE JAKE STEP ABIRA
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee	min r r H A C Clab - P L D M LUD
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1: Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000072	
AG LAND ASSOCIATES, LLC 2929 ALLEN PARKWAY, 40TH-FLOOR HOUSTON TX 77019 29	Principal Place of Business Address 29 ALLEN PARKWAY, 40TH FLOO OUSTON TX 77019
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 3. 1	Date Organized or Qualified 3s. State of Formation
· I	Date Organized of Quantou
	2/23/1996 CA
A36-02	FEI Number Applied For
City & State City & State 76	6-0485074 Not Applicable
Zip Country Zip Country 5. [Date of Last Report 6. Certificate of Status Desired
	\$8.75 Additional Lee Required
7. Name and Address of Current Registered Agent 8. Na Name	ame and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM,	Box Number is Not Acceptable)
City	Zip Code
 Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liabilits registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by affirmative voas registered agent, and accept the obligations. 	
SIGNATURE	DATE
(Ricg stered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	
10. Title Managing Members/Managers Business Street Address	City, State and Zip Code
MGRM AGLL CORPORATION, 2929 ALLEN PARKWAY, 4	4000021040841 -03/04/9701109003 ****203.75
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1	NEGAT STANKE

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:

ATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR MANAGER

Lawrence Kupstas President, AGLL Corporation

522-1111

Daytime Phone #