


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 EXUMA CHARTER, LLC 20400 SUPERIOR ROAD TAYLOR MI 48180		DOCUMENT #M96000000145 1a. Principal Place of Business Address 20400 SUPERIOR ROAD TAYLOR MI 48180 <i>mlw</i>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 04/29/1996		3a. State of Formation DE	
4. FEI Number 38-3288061		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent HAYES, WARREN D SR. C/O ALLEY, MAASS, ROGERS & LINDSAY, 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH FL 33480		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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PALMER, RONALD	20400 SUPERIOR ROAD	TAYLOR MI
		9000002167479--2 -05/06/97--01072--022 ****203.75 ****203.75 APR 21 1997	
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: *<i>Ronald Palmer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER RONALD PALMER, MANAGING MEMBER Date 4-15-97 Daytime Phone # 374-9200			