## 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 APR 14 AM 8: 31

FILING								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
\$ 203		Make Check Payable To: FLORIDA DEPARTMENT OF STATE  Mailing Address Liability Company  DOCUMENT #M96000000226							IALLAHASSEE.FLORIDA			
	ited Liability Con		DOCUI	MENI	<b>₩</b> 19600	0000	226					
EDELBROCK AVENUE L.C.								1a. Principal Place of Business Address				
110 W. BERRY STREET, SUITE 1910								110 W. BERRY STREET, SUITE 19				
FORT WAYNE IN 46802								FORT WAYNE IN 46802				
								1				
If above mailing address is incorrect in any way, line through incorrect information and enter							ection in Block 2a.	ł				
					ng Address			3. Date Organized or Qualified   3a. State of Formation				
					† # oto			р6/26/1996 tn				
Suite, Apt. #, etc. Suite, A					pt. #, etc.			4. FEI Number Applied For			Applied For	
City & State City I					State			_   	77	·		
2.,7 = 3.0.0							B5-1932377  5. Date of Last Report		Not Applicable  6. Certificate of Status Desired			
Zip	Zip Country		Zip Count		y	6. Date of Last P		SB 75 Additional Fee Requ				
				<u> </u>	<u> </u>		,	<u> </u>			er Required	
	7. Name	and Ad	dress of Current I	Registered	Agent				ddress of New Registered Agent			
EDELBROCK, KENNETH R							Name				ľ	
269 LELY BEACH BLVD., #404							Street Address (P.O. Box Number Is Not Acceptable)					
BONITA SPRINGS FL 34134												
							Sulte, Apt. #, etc.					
							City Zip Code					
						City			FL			
9. Pursua	ant to the provisi	ons of	Sections 608.416 a	nd 608.508,	, Florida Statut	es, the al	ove-named limite	d liability company s		rnent for the purp	ose of changing	
	red office or regis ered agent, and a			State of Flo	rida. Such chan	ige was a	uthorized by affirm	ative vote of a majorit	y of the member	s. I hereby accept	the appointment	
	_		and the same of th		•							
SIGNATU	JRE	(Regi	stered Agent Accepting A	ppointment) (N	NOTE Registered Ag	ent signatur	e required when reinstati	ng) (	DATE	<del></del>		
10. Title Managing Members/Managers				Business Street Address			3	City, State and Zip Code				
		-										
MGRM :	EDELBRO	CK,	REBECCA	J 5	725 BU	RNHA	M WOODS	LANE F	ORT WAY	YNE IN		
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MGK	EDETIPEC	CK,	KENNETH	K 1	I W.	BEKR	a ST., a	SUITE 19 H	ORT WA	ANE IN		
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l 11 ldoba	rehveertify that t	he infor	mation supplied wit	h this filina d	loes not quelify t	for the exi	amotion stated in S	Section 119.07(3) (i), F	Iorida Statutes.	I further certify the	it 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 eath; that I am a managing member or manager of the limited liability company or the receiver or truetee 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.

SNATURE
MATURE

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

(219)424-1858 04/10/97

Daytime Phone #