



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	
FILED 97 APR 15 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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 SONMAR OF PORT CHARLOTTE, L.L.C. 16-BROADWAY,--SUITE-212 FARGO ND 58102		DOCUMENT #M96000000270 1a. Principal Place of Business Address 16-BROADWAY,--SUITE-212 FARGO ND 58102	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 15 Broadway, Suite 401 <small>Suite, Apt. #, etc.</small> City & State Fargo, ND <small>Zip Country</small> 58102	2a. Mailing Address 15 Broadway, Suite 401 <small>Suite, Apt. #, etc.</small> City & State Fargo, ND <small>Zip Country</small> 58102	3. Date Organized or Qualified 07/24/1996 3a. State of Formation ND 4. FEI Number 93-1212979 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <small>\$8.75 Additional Fee Required</small> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARING, RUSSELL D	16-BROADWAY,--SUITE-212	FARGO ND 58102
MGRM	OLSON, DENIS J	15 BROADWAY, SUITE 401 300 MAIN AVENUE, SUITE 112	FARGO ND 58103
			4000002145404--2 -04/16/97--01111--017 ****203.75 ****203.75
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: 		April 14, 1997	701-232-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #