## FILE NOW: Fee after May 1, will be \$588.75

APPROVED	
AND	
APPROVEI AND FILED	

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	FLORIDA DEPARTME Sandra B. M Secretary of DIVISION OF COR	ortham State	FILED 97 APR -8 PM	2: 32	
FILING FEE Annual Report \$100.0 \$ 203.75 Make Check Payable 1  1. Name and Mailing Address of Limited Liability Company DOCU	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
HARBOR DOCK'S SEAFO 101 FOXHALL ROAD BIRMINGHAM AL 35213  If above malling address is incorrect in any way, line thro	1a. Principal Place of Business Address  101. FOXHALL ROAD  BIRMINGHAM AL 35213				
Principal Place of Business	2a. Mailing Address	rection in Block 2a.	3. Date Organized or Qualified	d 3a. State of Formation	
same as la			08/08/1996	À	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	AL	
City & State	City & State			Applied For	
Oily & State	Oily & State		63-1172858	Not Applicable	
Zip Country	Zip Count	, , .	5. Date of Last Report	6. Certificate of Status Desired  \$8.75 Additional Fee Required	
7. Name and Address of Current	Registered Agent		8. Name and Address of New I	Registered Agent	
MORGAN, CHARLES C/O HARBOR DOCK'S 538 HIGHWAY 98 EAST DESTIN FL 32541  9. Pursuant to the provisions of Sections 608.416 (Its registered office or registered agent, or both, in the as registered agent, and accept the obligations.  SIGNATURE  [Hapistered Agent Accepting 2]	and 608.508, Florida Statutes, the al State of Florida. Such change was a Apponiment) (NOTE Registered Agent signatur	Suite, Apt. #, etc. City  Dove-named limited uthorized by affirma	Filliability company submits this stative vote of a majority of the memb	Zip Code  attement for the purpose of changing ers. I hereby accept the appointment	
10. Title Managing Members/Manager		ss Street Address		City, State and Zip Code	
MGR H.D. MANAGEMENT, L	.L.C 101 FOXHALL	ROAD		SHAM AL  21380926  9/97-01096-004  203.75 ****203.75	
11. I do hereby certify that the information supplied will indicated on this annual report is true and accurate a					

11. Ido hereby certify that the information supplied with this filling 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:

INHSE10 R(12-96)

John May Both - Rhyddell of Micheler of HO Many great

4/1/47 (215) 870-1426

Daylimo Phone #