

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
AND
FILED

1997 FEB -3 PM 1:30

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 **DOCUMENT # M96000000307**

PAR INTERNATIONAL CIRCUITS, L.L.C.
15588 AVIATION LOOP DRIVE
BROOKSVILLE FL 34609

1a. Principal Place of Business Address

15588 AVIATION LOOP DRIVE
BROOKSVILLE FL 34609

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 08/08/1996	3a. State of Formation AL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3384201	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent

HOOD, DALE E
15588 AVIATION LOOP DRIVE
BROOKSVILLE FL 34609

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOOD, DALE E	5254 KIRKWOOD AVENUE	SPRING HILL FL
MGR	SHIFFLETT, ALLEN L	2323 SATURN ROAD	BROOKSVILLE FL
MGR	HENDERSON, JERRY	5254 KIRKWOOD AVENUE	SPRING HILL FL
MGR	CHO, P.C.	6056 WAVERLY ROAD 1812 Landings Way Drive Apt. 203	SPRING HILL FL TAMPA, FL 33624

800002078988--1
-02/05/97--01079--081
****203.75 ****
2/11/97

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.

DALE E. HOOD

SIGNATURE: _____

01/29/97 352 799-1880

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

Date

Daytime Phone #