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 -7 AH 8: 48

| FIL ING | G FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee | | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
|--|--|-----------------|---------------------------------|---|---|------------------|-------------|--------------|--|---|--|------------------------------|----------------------------------|--|
| \$ 203 | 33.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | IA | LLANASS |) | KIDA | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT #19600000484 | | | | | | | | | | | | | | |
| 5: L0 | 10 HARB ONGBOAT | OR CO | DWIDE, I OVE CIRC FL 3422 | LE 8 | LE 8 | | | | 18. Principal Place of Business Address 510 HARBOR COVE CIRCLE LONGBOAT KEY FL 34228 | | | | | |
| If above r | ation and enter co | rrection in Blo | ck 2a. | 3. Da | te Organiz | ed or Qualified | 3a. State | of Formation | | | | | | |
| | | | | | | | | | 11/27/1996 MD | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 4. FEI Number Applied For | | | | | |
| City & State | | | | City & State | | | | 52-1877153 | | | 53 | | Not Applicable | |
| Zip | Country | | | Zip Co. | | | try 5. Date | | | te of Last F | Report | | trate of Status Desired | |
| | egistered | Agent | | | 8. Name and Address of New Registered Agent | | | | | gent | | | | |
| under: 510 H Longb | | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | | | | | | | |
| | | | | | C | | | City | | | | 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 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 appear as registered agent, and accept the oblightions. SIGNATURE (Registered Agent Accepting Appointment) INOTE Registered Agent signature required when reinstating) | | | | | | | | | | | e purpose of changing accept the appointment | | | |
| 10. Title | Managing Members/Managers | | | Business Street Ac | | | | | ······································ | | | ity, State and Zip Code | | |
| | underst underst | - | ADAM ROBERT | | | HARBOR HARBOR | | | | | ONGBOA | | | |
| | | | | | | | | . * | | 600 | 00022 -02/11 ****2 | UB4 79701 03.75 | 1.163 1147-008 *****203.75 | |
| 11. It 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. **ROBERT** NOBERT** NOBERT** | | | | | | | | | | | | | | |

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

SIGNATURE: