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|--|--|--|--------------------|--|--|-------------------|--------------------------|------------------------|--|
| | or before May 1, 1998 or | | ability Co | mpany will b | 0 | | | | |
| subject to a \$ 400.00 LATE FEE. | | | | | | ı FILED | | | |
| | D LIABILITY COMPANY | IDA DEPARTI Sandra B. I | MENT OF STATE | 90 MAY -1 PM 2: 22 | | | | | |
| P | ANNUAL REPORT 8 | DIV. | Secretary | of State |) | HAL -1 1 | 11) 21 22 | | |
| | | | | | SECAL FAM OF STATE 1411 AHASSEL, FLONDA | | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | 9 | AfrAbati | , ELUMDA | 1 | |
| 1. Name a | | MENT# | | | | • | | | |
| i Contract | led trability Company = 0 0 0 | | м97000 | 000171 | 1a. Principal Pla | ce of Business | Address | | |
| | CREEHAN'S MARKET, | | | | | | | | |
| BIRMINGHAM AL 35213 | | | | | 101 FOXHALL ROAD BIRMINGHAM AL 35213 | | | | |
| _ | | _ | 2/2 | Ci | 211412110 | | 33213 | | |
| | | | | | | | | | |
| • | at Place of Business | 2a. Mailing Address | | | 3. Date Organize | ed or Qualified | 3a. State of | f Formation | |
| 10406 Sulte, Apt. | W. Emerald Coast | PO Box 16167 Suite, Apt. #, etc. | | | 04/09/1 4. FEI Number | 997 | AL | | |
| 84B City & Stat | · · · · · · · · · · · · · · · · · · · | City & State | | | | |]] | Applied For | |
| | | | | | 00 11001/0 L | | | Not Applicable | |
| | | | e, AL | untry | 5. Date of Last F | Report | | e of Status Desired | |
| 32541 | | 36616 | | | 1 | | | nal Fee Bequired | |
| | 7. Name and Address of Current | Hegistered Agen | 1 | Name | Name and Address | s of New Regis | tered Agent/0 | Office | |
| | AN, CHARLES | lue, Jr. / Burke & Blue, PA | | | | | | | |
| | OR DOCK'S 538 HIGH IN FL 32541 | P.O. Box Number is Not Acceptable) CKenzie Avenue | | | | | | | |
| Sulte, Apt. #, e | | | | | c. | avenue | | | |
| | | | | | | | | | |
| | | | | City | na City, | FL | Zip Code 3240 | 1 | |
| | nt to the provisions of Sections 608.416 a | | | above-named limite | d liability company s | ubmits this state | ment for the p | urpose of changing | |
| | ed office or registered agent, or both, in the red agent, and accept the obligations. | State of Florida. S | uch change wa: | s authorized by affirm | ative vote of a majorit | y of the member | s. I hereby acc | ept the appointment | |
| SIGNATU | | uf V | | | | DATE 4-) | 5-98 | | |
| 10. Title | (Registered Agent Accepting Apriority (NOTE Regist) Title Managing Members/Managers | | | gistered Agont signature roduired when reinstating) Business Street Address | | | City, State and Zip Code | | |
| 10: 11110 | managing womoutomanagore | <u>'</u> | | moss direct Address | | Olly | State and Zip | , 0008 | |
| MGRM | ************** | ******* | ** ***** | | XXXXXXXX | | ***** | X . X | |
| MGRM NEXEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | | |
| | Morgan's Joint Ver | nture | 165 N. | Beltline | Hwy. | Mobil | e, AL | 36608 | |
| 1 | Partner's | | | | - | | | | |
| | | | | | 70 | 0002 | 5166 | 527E | |
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| 11. Idoher | eby certify that the information supplied wit | h this filing does no | ot qualify for the | exemption stated in S | ection 119.07(3) (i). F | iorida Statutes | I further certify | that the information | |
| Indicated or | n this annual report is true and accurate a ility company or the receiver of trustee om | nd tha t my signat∟ | re chail have th | e ame legal effect a | s if made under oath | that I am a mai | naging membe | r or manager of the | |
| | t with an address. | | 19 19 |) Simple | , | ., | съроше п | , proof, to, or offulf | |

SIGNATURE: J. AGE BURTON ,

04/24/98 (334)343-7925 PARTNER-MORGAN'S JOINT VENTURY PINRS