
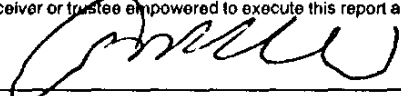


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 2:30 x 3/3	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000243		1a. Principal Place of Business Address	
HOLDER PROPERTIES, L.L.C. 277 EAST CARMEL DRIVE, SUITE C CARMEL IN 46032				277 EAST CARMEL DRIVE, SUITE C CARMEL IN 46032	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
277 E. CARMEL DRIVE		277 E. CARMEL DRIVE		05/01/1997	
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. SUITE D		3a. State of Formation IN	
City & State CARMEL, INDIANA		City & State CARMEL, INDIANA		4. FEI Number 35-2013354	
Zip 46032		Country USA		5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
NEDER, RONALD 11131 N.W. 11TH AVENUE GAINESVILLE FL 32606				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				208002447392-6 -03/04/98--01112--004 ****188.75 ****188.75 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	MILLER, ANTHONY E	277 E CARMEL DR., SUITE C SUITE D		CARMEL IN 46032	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: 		022598		317-846-4111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	