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**

FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

Zip

DOCUMENT # M9700000358

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

RICH MICHAELS & ASSOCIATES, L.L.C. 6767 NORTH WICKHAM RD., STE. 400 MELBOURNE FL 32940

FILED 98 MAR 12 PM 4:00

SECRETARY OF STATE

	1,17	+ 16.39 A 	
	1a. Principal Place of Business Address		
	6767 NORTH WIC MELBOURNE FL 3		E.
	3. Date Organized or Qualified	3a. State of Formation	
		oa. Clate of Comation	
_	06/18/1997	DE	
	4. FEI Number	Applied Fo	r
	36-4149080	Not Applic	able
_	5. Date of Last Report	6. Certificate of Status Desi	red
i		\$8.75 Additional Fee Beguned	

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

7. Name and Address of Current Registered Agent

Country

8. Name and Address of New Registered Agent/Office

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

Country

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

10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code D.H.S. & ASSOCIATES, I 10255 WEST HIGGINS RD., ST ROSEMONT IL MGR MEM SCHILT, DOMINIC H 6714 NORTH LE MAI LINCOLNWOOD IL MEM HUSKISSON, JAMES B 4127 ROYAL TROON COURT ST. CHARLES IL MEM ERNST, PAUL W 1244 KENILWORTH DR. PALATINE IL

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 to affect as it made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as regained by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

YPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR MANAGER