


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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1998			
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 # M97000000407	
SONMAR OF FT. MYERS, L.L.C. <del>15 BROADWAY, SUITE 401</del> FARGO ND 58102		1a. Principal Place of Business Address <del>15 BROADWAY, SUITE 401</del> <del>FARGO ND 58102</del>	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
1134 Westrac Drive Suite, Apt. #, etc.	1134 Westrac Dr. Suite, Apt. #, etc.	07/10/1997	ND
City & State Fargo ND	City & State Fargo ND	4. FEI Number 91-1824535 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 58103	Country	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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 200002511122--8 Suite, Apt. #, etc. -05/05/98--01085--017 ****943.75 ****188.75 City FL 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 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 reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARING, RUSSELL D	15 BROADWAY, SUITE 401	FARGO ND
MGRM	OLSON, DENNIS J	300 MAIN AVENUE, SUITE 112	FARGO ND
MGRM	THARAULSON, GARY	1134 Westrac Drive	Fargo ND
APR 29 1998			

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.

SIGNATURE: \_\_\_\_\_

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

Date

Daytime Phone #

701-235  
4-20-98 1167