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

	100	<u> </u>	OH THE	DIVIO	ION OF CO	11 OHATIONS	]	OR MAY -	5 PM 3: 27
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							]	JUTINI	O THE STATE
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							]		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000441									
DROOMNOOD MEDITATIVE OO . T. V. O							1a. Principal Place of Business Address		
BROOKWOOD MERIDIAN CO., 55 TOZER ROAD				O., L.1	□.C.		EE MORED DOND		
BEVERLY MA 01915							55 TOZER ROAD BEVERLY MA 01915		
								LAT OT	713
2. Principal Place of Business 2a.				a. Mailing Address			3. Date Organize	d or Qualified	3a. State of Formation
							07/24/1	007	DE
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			07/24/1 4. FEI Number	991	DE
				Au. a Alac			011 000		Applied For
City & State			Cit	City & State			] 04-331	19672	Not Applicable
Zip	· <del>-</del>	Country	Žir	)	Cou	ntry	5. Date of Last R	eport	6. Certificate of Status Desired
						•			SB.75 Additional Fee Required
	7. Name	and Address of C	urrent Regis	stered Agent		8. 1	Name and Address	of New Regis	tered Agent/Office
						Name		•	
CORPORATION SERVICE , COMPANY						0			
1201 HAYS STREET TALLAHASSEE FL 32301						Street Address (F	O. Box Number is Not Acceptable)		
IALLIANASSEE EL SZSUI						Suite, Apt. #, etc.	<u>600002514416 7</u> -05/06/9801139009		
						****188.75 ****188.75			
City							Zip Code		
							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)							ı)	**************************************	·
10. Title	Managing Members/Managers				Busin	ness Street Address	City, State and Zip Code		
MGRM	TRKLA,	THOMAS	N	55	TOZER	ROAD		BEVERI	AM Y
MGRM	BROWN,	THOMAS	Z	55	TOZER	ROAD		BEVERI	Y MA
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11. Ido 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER