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 Malling Address of Limited Liability Company

**DOCUMENT #** 

M97000000812

67TH STREET ASSOCIATES, L.L.C. 1755-D LYNNFIELD ROAD, SUITE 142 MEMPHIS TN 38119

## FILED

98 APR 27 PM 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

1755-D LYNNFIELD ROAD, SUITE MEMPHIS TN 38119

2. Principal Place of Business			2a. Mailir	2a. Mailing Address			3. Date Organize	ed or Qualified	3a. State of Formation	3a. State of Formation	
Suite, Apt. #, etc. Suite, Ap			nt # etc			12/01/1997		DE			
Sano, 74. *, 510.			Sewe, rip.	A. 4] 616.			4. FEI Number		Applied	For	
City & State City & St			ate			62-1719131 Not Applicab			olicable		
<b>Zip</b> Country Zip			7.0	Country			5. Date of Last Report		6. Certificate of Status D	esired	
Σip		Country	Σιρ		Count	у			\$8.75 Additional Fee Required		
	and Address of Current F				Name and Addres	ame and Address of New Registered Agent/Office					
						Name					
	TION SYSTEM			Street Address (P.O. Box Number is Not Acceptable)							
	PINE ISLAND FL 33324	Silvest Medicas (1.10. 20x 1.1				o mon Rooopius	,				
	2222	11 33324	Suite, Apt. #, etc.				<u>-</u>				
				City		City			7:000		
			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  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)										ntment	
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGRM	DAVIDSON INVESTMENT FRENCH, MARK GROUP ZI, L.L.C.			1755-D LYNNFIELD ROAD,			OAD, SUI	мемрні	s tn <i>38(19</i>		
MGRM	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA			8 Campus Drive Arbor Circle Sout			4	PARSIPPANY, NJ 07054			
							80		515868- /98011000; 88.75 ****168		
<b>,</b>								· A	1. "APR 2.9.1"	.,	

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. If urther 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.

| Mark E. French, SECLETARY | DAVIDED INVESTMENT | PROPERTY | PROPERT

SIGNATURE:

SIGNATURE AND THE COLORD LICENAME OF FIGURE MANAGES OF HOLD AND

3/24/98

901/761-4664