FLORIDA DEPARTMENT OF STATE ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV 15 PM 3: 40			
LING FEE \$ 188.75 Name and Ma	Annual Report \$10 Make Check Paya	ble To: FLOI	RIDA DEPAR	RTMENT	OF STATE]	ior io Pr	7 3: 40	
of Limited Liab	RIDA VANCE PI	CUMEN'		0000	0726	1a. Principal P	ace of Business	Address	
905 HARDY STREET HATTIESBURG MS 39401						905 HARDY STREET HATTIESBURG MS 39401			
Principal Place of Business 2a. Mail			ing Address			1	red or Qualified	3a. State o	of Formation
Suite, Apt. #, etc. Suite, A			Apt. #, etc.			07/06/1998 MS		MS	
City & State C			City & State			4. FEI Number 64-0913841			Applied For Not Applicable
p	Country		Zip Count		,	5. Date of Last Report			te of Status Desired
7.	. Name and Address of Cu	rrent Registere	d Agent		8. Name	Name and Addre	s of New Regis	tered Agent/	Office
LANTATI		Sulfe, Apl. #, etc			Zip Code				
Pursuant to the	ne provisions of Sections 608	3 416 and 608 50	8. Florida Statute	es, the ab	ve-named limited	liability company	FL.	ment for the	vimose of changing
registered offici	ce or registered agent, or both ent, and accept the obligation	, in the State of FI	orida. Such chan	ige was au	thorized by affirma	tive vote of a major	ity of the member	s. I hereby acc	ept the appointment
GNATURE	(Registered Agent Acc	cepting Appointment)	(NOTE Registered Ag	gent signatura	required when reinstaling	p)	DATE		
Title	le Managing Members/Managers			Business Street Address			City, State and Zip Code		
GRM VAN	VANCE, DEAN J		905 на	905 HARDY STREET			HATTIESBURG MS		
GRM VAN	RM VANCE, L N			1012 SOUTH 28TH AVENUE			HATTIESBURG MS		
			4,7	70	0003 -11/22 ****1	0 5 1 9 /9901 8 8. 75	3576 139007 ****188.75		
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licated on this a lited liability com	rtify that the information suppi innual report is true and accu inpany or the receiver or trust in address.	rate and that my	signature shall h	ave the s	rme legal effect as	if made under oet	n that I am a man	aning membe	er or manager of the
licated on this a i	annual report is true and accumpany or the receiver or trust in address.	rate and that my	signature shall h	ave the s	rme legal effect as	if made under oet	n that I am a man	aning membe	er or meneous of the



JACKSON AND JACKSON, PLLC

ATTORNEYS AT LAW 309 SOUTH 40TH AVENUE HATTIESBURG, MISSISSIPPI 39402

ROBERT T. JACKSON, SR. ROBERT T. JACKSON, JR. STEPHEN B. JACKSON MAILING ADDRESS P. O. BOX 15517 HATTIESBURG, MS 39404-5517

November 3, 1999

TELEPHONE (601) 264-3309 FACSIMILE (601) 261-3411

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Florida Vance Properties, LLC Ref. Number M98000000726

Dear Sir or Madam:

Enclosed please find the *Limited Liability Company Annual Report* with respect to the above-referenced company, and check numbered 4192 in the amount of One Hundred Eighty-Eight and 75/100 Dollars (\$188.75).

The enclosed report and filing fee were previously forwarded to your office, however, the filing was rejected for failure to supply the company's federal employer identification number.

As indicated on the form, the FEI of the above-referenced entity is 64-0313841. Please do what is necessary to reinstate said limited liability company.

Thank you for your assistance in this matter.

Sincerely yours,

JACKSON AND JACKSON, PLLC

Robert T. Jackson

RTJ:tb Enclosures