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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000052450 (0)

LJH ALTERNATIVE INVESTMENT ADVISORS, INC.

Principal Place of Business Mailing Address 400 FIFTH AVENUE SOUTH 400 FIFTH AVENUE SOUTH SUITE 301 SUITE 301 NAPLES FL 33940 NAPLES FL 34102-6550 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1995 04/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0614269 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 34102 Yes No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name HEDGES, JAMES R IV 400 FIFTH AVENUE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 NAPLES FL 33940 34102 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signar we typical or ordered name of registered agent and litto if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. THE ☐ DELETE 1.1 TITLE \_\_\_ Change ☐ Addition HEDGES, JAMES R IV NAME 1.2 NAME **CR2E034 400 FIFTH AVENUE SOUTH** 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33940 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE THE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 2. 4 CITY-ST-ZIP Addition DELETE THEF 3.1 TITLE Change 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THLE 4 2 NAME NAM STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 T/TLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZiF 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-ZIP

14. I do hereby certly 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4/10/97 (941) 263-7445