
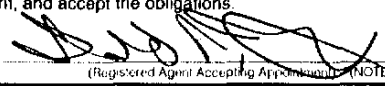



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 200028 MOULTRIE CREEK LANDING, I.C. 3300 CR 13A, NORTH, LOT J ST. AUGUSTINE FL 32092		1a. Principal Place of Business Address 3300 CR 13A, NORTH, LOT J ST. AUGUSTINE FL 32092 <i>MWB</i>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 3a. State of Formation 08/30/1984 FL 4. FEI Number 59-2877843 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 04/22/1996 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SACKS, HARVEY 1007 VALE ORCHARD LANE JACKSONVILLE FL 32207		8. Name and Address of New Registered Agent Name Donald P. Fitzgerald, III Street Address (P.O. Box Number is Not Acceptable) 24 Cathedral Place Suite, Apt. #, etc. Suite #300 City Zip Code St. Augustine FL 32084	
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 3/6/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	SACKS, LAWRENCE J.	3300 CR 13A, NORTH, LOT J	ST. AUGUSTINE FL
MM	SACKS, LAWRENCE J	VALE ORCHARD LANE	JACKSONVILLE FL
			500002118255--0 -03/19/97--01106--009 ****203.75 ****203.75
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: Lawrence J. Sacks 		3/6/97 (904)823-9933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	