


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 15 AM 10:05 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company BIRDSOUND, L.C. 6699 90th AVENUE N. PINELLAS PARK, FL33782 | | | | DOCUMENT # Z00137 | |
| 2. Principal Place of Business 6699 90th AVENUE N. Suite, Apt. #, etc. PINELLAS PARK, FL 33782 USA | | | | 1a. Principal Place of Business Address As 1. | |
| 2a. Mailing Address as in 2 | | 3. Date Organized or Qualified 10/23/89 | | 3a. State of Formation FL | |
| City & State PINELLAS PARK, FL | | 4. FEI Number 52-1673259 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33782 | | 5. Date of Last Report 5/1/97 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent PROSSER, JOHN M. 6699 90th AVENUE N. PINELLAS PARK FL33782 | | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 <u><i>John M. Prosser</i></u> JOHN M. PROSSER DATE <u>6/9/98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | JOHN M. PROSSER | 6699 90th AVENUE N. | | PINELLAS PARK FL33782 | |
| MEM | SUSAN M. PROSSER | 6699 90th AVENUE N. | | PINELLAS PARK FL33782 | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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: <u><i>John M. Prosser</i></u> JOHN M. PROSSER DATE <u>6/9/98</u> 813 541 1100 <small>SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> | | | | | |