


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP -8 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # 200174		1a. Principal Place of Business Address	
CALUMET PROPERTIES, L.C. ATTN: SHERMAN HENDERSON 12910 SHELBYVILLE ROAD, SUITE 211 LOUISVILLE KY 40243				4600 CITATION LANE SARASOTA FL 34233	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		2033 MAIN STREET		01/22/1990	
City & State		SUITE 303		FL	
Zip		SARASOTA FL.		4. FEI Number	
Country		34237		65-0170472	
				5. Date of Last Report	
				12/16/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
SABA, RICHARD D., ESQ. 2033 MAIN STREET SUITE 303 SARASOTA FL 34237		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		800002289528-0 -09/10/97--01070--008 ****588.75 ****588.75 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEMBER	SHURBET, WALTER D.	10919 HOBBS ST. RD.		LOUISVILLE, KY. 40223	
MGR	GARVIN, FINLEY J	12910 SHELBYVILLE ROAD, SU		LOUISVILLE KY	
MGR	HENDERSON, J. SHERMAN	12910 SHELBYVILLE ROAD, SU		LOUISVILLE KY	
OR 9-9					

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:

Walter D. Shurbet WALTER D. SHURBET 9/2/97 502-254-5882

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #