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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

98 FEB 26 PH 1: 48

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # z00229

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						1a. Principal Place of Business Address					
BRITISH PROPERTIES, L.C.											
P.O. BOX 767						% FLORENCE SALAS					
PINELLAS PARK FL 33780						9380 67TH ST. N.					
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Principal Place of Business			ng Address				3. Date Organize	At or Qualified	Sa. State of F	offiation	
						06/01/1990		FL			
Suite, Apt. #, etc. Suite, Apt		l. #, etc.				4. FEI Number		<del>                                     </del>	<del></del>		
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City & State City & Sta		City & Sta	ite				] 50-3010	174	[ <del>[-</del>	Not Applicable	
							59-3010174 5. Date of Last Report		6. Certificate of Status Desired		
Zip Country Zip		Country				The same of same report					
						İ	1 02 /00 /1	^^=	SB 75 Additional	Fer Hequired	
7. Name and Address of Current Registered			Agent			9 [	1 01/28/1997 Name and Address of New Regis		tered Ameni/Ot	fice	
7. Italiie siiu Addiess oi Cuirelii negisterad Agelii.					Name	<del></del>	Marito dillo Additione	OI HOW HOUSE	falen wilannon	nce	
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	S, FLORENCE			1	OLON ALL COMPANY OF THE PROPERTY OF THE PROPER						
9380 67TH ST. N.					Street Address (P.O. Box Number is Not Acceptable)						
PINE:	LLAS PARK FL 3378(		,								
				Suite, Apt. #, etc.			. rt_1		<b>4474</b> 5/98010	100 L	
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• Pursus	ent to the provisions of Sections 608 416	end 608,508	Florida Stat	utes the at	vve-nam	ed limited	liability company st		ment for the nur	roose of changing	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named fimited 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.											
SIGNATU	(Registered Agent Accepting	Appointment) (N	OIF Registered	Agent signature	w boriuper e	hen reinstaling	L	DATE	<del></del> -		
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code				
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MEM	M SALAS, JOHN			Samu	om.	3.7		DIMBER			
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MEM	SASSER, PATRICIA	J	9380	67TH	ST.	N.	J	LINETI	LAS PARI	ζ FL	
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MEM	J. & F. SCRAP PRO	)PERTY	9380	67TH	ST.	N.		PINELI	LAS PARI	(FL	
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11. Ido 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 profee 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:

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

Daylime Phone #