
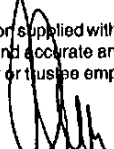


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAR 21 AM 7:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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 #200343 SVENSKA PROPERTIES, L.C. % ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923-0939 <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		1a. Principal Place of Business Address % ALBERT D. CELIO P.O. BOX 939 COCOA FL 32923 <i>MWB</i>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Organized or Qualified 02/04/1991	
		3a. State of Formation FL	
		4. FEI Number 59-3047988	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 01/09/1996	
		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CELIO, ALBERT D 976 BREVARD AVENUE ROCKLEDGE FL 32955		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002123561-8 Suite, Apt. #, etc. 03/25/97-01055-020 ****203.75 ****203.75 City FL Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MB	CARLSON, TORBJORN	421 65 VASTRA FROLUNDA	SWEDEN
MB	CARLSON, ULLA	421 65 VASTRA FROLUNDA	SWEDEN
MB	CARLSON, ALFONSINA	5254 CHARNWOOD CRES	MISSISSAUGA, ONTARIO
MB	AHLMAN, BO	421 31 VASTRA FROLUNDA	SWEDEN
MB	CARLSON, ORJAN B.	5254 CHARNWOOD CRES	MISSISSAUGA, ONTARIO
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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:  ORJAN CARLSON FEB 26/97 (905) 856-0629 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			