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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED AND FILED

1997 MAR 10 AM 8: 37

1997		DIVISION OF CORE	Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	ICHAOL LEC Autorit Application of Ap							
1. Name and Mailing Address of Limited Liability Company DOCUMENT #200519								
7 <del>03 17TH</del>	PROPERTIES LI STREET CH FL 32960	16. Principal Place of Business Address 703-17TH STREET VERO BEACH FL 32960						
	correct in any way, line through inc							
2. Principal Place of Busine	S # 1	Mailing Address  1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	3. Date Organized or Qualified 3a. State of Formation 01/21/1992 FL				
Suite, Apl. #, etc. Suite, Apl. #, etc.				4. FEI Number Applied For				
Vero Beach, FL City & State Vero Beach, FL Vero Be			٢٠	65-0306094 Not Applicable  5. Date of Last Report 6. Certificate of Status Desired				
32962	Country Zip	32962 Count	ry	03/08/1996	S8.75 Additional Fee Required			
7. Name ar	nd Address of Current Regist		Name	8. Name and Address of New Registered Agent				
	ns of Sections 608.416 and 60ered agent, or both, in the State	tive vote of a majority of the mem	Zip Code  L 32962  atement for the purpose of changing pers. I hereby accept the appointment					
SIGNATURE	(Registered Agent Accepting Appointm	ent) (NOTE Registered Agent signatu	re required when rematating	ng) DATE				
10. Title Mana	ging Members/Managers	Busine	ess Street Address		City, State and Zip Code			
MB SPINNAKER DEVELOPMENT 7		103 17TH ST	1 <del>03 17TH ST</del> . NGQ S.US# 1		each fl 32962			
JAN 2 7 1997				200002 -03/1 ****	21105224 1/9701129021 203.75 ****203.75			
I DOE	المحتون و		····		JEGIN'			
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 cath; 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.

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SIGNATURE AND TYPED OR PRINTED NAM

IGNING MANAGING MEMBER OR MANAGER

Daytime Phone #