

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

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED

97 JAN 31 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #200646

DENALI LAND CORPORATION, L.C.
1301 RIVERPLACE BLVD., SUITE 1818
JACKSONVILLE FL 32207

1a. Principal Place of Business Address

1301 RIVERPLACE BLVD., SUITE
JACKSONVILLE FL 32207

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

3a. State of Formation

Suite, Apt. #, etc.

Suite 1818

Suite, Apt. #, etc.

09/08/1992

FL

City & State

City & State

4. FEI Number

59-3175691

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

05/28/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

LIPPES, HAROLD S
1301 RIVERPLACE BLVD
SUITE 1818
JACKSONVILLE FL 32207

Name

600002076416--7

-02/04/97--01010--031

Street Address (P.O. Box Number is Not Acceptable)

****203.75 *****203.75

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

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
M	HIMMELSTEIN, ALAN R	8941 HEAVENSIDE DR	JACKSONVILLE FL
M	HIMMELSTEIN, STEVEN I	5670 VANTAGE POINT	MEMPHIS TN
M	LIPPES, HAROLD S	2929 FOREST CIR	JACKSONVILLE FL
M	LITT, MARC R	3016 FOREST CIRCLE	JACKSONVILLE FL
M	BLESDOE, JAMES A JR.	4653 EMPIRE AVE	JACKSONVILLE FL

[Signature]
1/31/97

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:

James A. Blesdoe, Jr.
JAMES A. BLESDOE, JR.

MANAGER

1/29/97 (904) 398-1818

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

Date

Daytime Phone #