


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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99 MAR 31 PM 3:46

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L9800000068 COMPUTER MILL, L.C. % JOHN THOMPSON 3142 ASHRIDGE DR. JACKSONVILLE FL 32225
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1a. Principal Place of Business Address % JOHN THOMPSON 3142 ASHRIDGE DR. JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 01/20/1998	3a. State of Formation FL	4. FEI Number 59-3493246 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required
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7. Name and Address of Current Registered Agent THOMPSON, JOHN 3142 ASHRIDGE DR. JACKSONVILLE FL 32225
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 500002834375--9 -04/09/93--01038--010 ****188.75 ****188.75 FL
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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 \_\_\_\_\_  
(Flag checked Agent Accepting Appointment) (401) (Flag checked Agent signature required for reinstatement)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	THOMPSON, JOHN	3142 ASHRIDGE DR.	JACKSONVILLE FL
MEM	MCBRIDE, GERALD	10201 W. BEAVER ST., #93	JACKSONVILLE FL

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: *John W. Thompson* 3-29-99 904-646-1150  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNIFYING MEMBER OR MANAGER