


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company EQUIGEN, L.C. 8701 S.W. 152ND AVENUE ARCHER FL 32618-4466		DOCUMENT # L98000001169			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8701 S.W. 152ND AVENUE ARCHER FL 32618	
City & State		City & State		3. Date Organized or Qualified 07/22/1998	
Zip		Country		3a. State of Formation FL	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
MEISENBURG, VASILIKI K 8701 SW 152ND AVENUE ARCHER FL 32618		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGR	GREAVES, HEATHER ELAIN	7227 SW 22ND PLACE	GAINESVILLE FL		
MGR	MEISENBURG, VASILIKI K	8701 S.W. 152ND AVE	ARCHER FL		
<p style="text-align: right;">300002810953--3 -03/18/99--01085--025 ****188.75 ****188.75</p> <p style="text-align: right;"><i>SL</i> 3-17-99</p>					
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: <i>Heather C. Greaves</i>		2-22-99 (352) 331-0173			

FILED

99 MAR 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA