

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
--	---	--

FILED
99 MAY -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

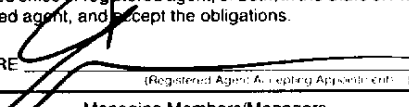
Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001692 NEW CENTURY TITLE OF TAMPA, L.L.C. C/O FLORIDA LAND TITLE CO. 3401 WEST CYPRESS STREET TAMPA FL 33607

1a. Principal Place of Business Address C/O FLORIDA LAND TITLE CO. 3401 WEST CYPRESS STREET TAMPA FL 33607

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 09/02/1998	3a. State of Formation FL	4. FEI Number 59-3533674 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---	---	--	------------------------------	--	------------------------	--

7. Name and Address of Current Registered Agent CARLTON, FIELDS, WARD, ET AL ATTN: PAUL C. DAVIS ONE HARBOUR PLACE, SUITE 500 TAMPA FL 33602	8. Name and Address of New Registered Agent/Office Name HAROLD HICKMAN Street Address (P.O. Box Number is Not Acceptable) 3401 W. Cypress Street Suite, Apt. #, etc. # 101 City Tampa FL Zip Code 33607
--	--

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 4/29/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
-----------	---------------------------	-------------------------	--------------------------

	MGRM FLORIDA LAND TITLE C,	3401 WEST CYPRESS STREET	TAMPA FL
--	----------------------------	--------------------------	----------

700002873237--1
-05/13/99--01008--024
****197.50 ****197.50

5-10-99

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  David E. Mellickamp 2/18/99 913/8729898