

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 25 AM 10: 25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
DOCUMENT # M98000000413

PREMIUM SERVICES MANAGEMENT, LLC
 3465 N. DESERT DR., #400
 ATLANTA GA 30344

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1a. Principal Place of Business Address

3465 N. DESERT DR., #400
ATLANTA GA 30344

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/28/1998	GA
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Zip		58-2259104	<input type="checkbox"/> Not Applicable
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					\$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when renewing) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOLDEN, LEONARD	3465 N. DESERT DR., #400	ATLANTA GA
MGRM	GOLDEN, JANICE	3465 N. DESERT DR., #400	ATLANTA GA
MGRM	GAMSEY, DAVID	3465 N. DESERT DR., #400	ATLANTA GA

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****188.75 ****188.75

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: Leonard Golden 2/22/99 (404) 767-5600

SIGNATURE AND TYPE OF OFFICIAL (NAME OF SIGNING MANAGER, MEMBER OR MANAGER) DATE (Date of Filing)