
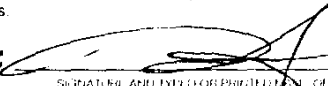


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 APR -7 AM 9:00  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000002100</b>  1410 21ST STREET, LC 203 N. MARION STREET TAMPA FL 33602		<b>1a. Principal Place of Business Address</b> 203 N. MARION STREET TAMPA FL 33602			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 10/01/1998  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 59-3539658 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>7. Name and Address of Current Registered Agent</b> THOMAS, RUSSELL S 401 EAST JACKSON STREET, SUITE 2400 TAMPA FL 33602			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing change)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	HENDRY, HAYNES T	203 N. MARION STREET		TAMPA FL	
MGR	GIORDANO, MICHAEL	777 SOUTH HARBOUR ISLAND B		TAMPA FL	
MGR	GILLIS, RODERICK J	203 N. MARION STREET		TAMPA FL	
MGR	OXTAL, RONALD A	203 N. MARION STREET		TAMPA FL	
32 4-14-99					
<b>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.</b>					
<b>SIGNATURE:</b>  Michael B. Giordano MGR 4-1-99 813-229-5352 <small>SIGNATURE AND TITLE OF PRESIDENT OR SECRETARY/MANAGING MEMBER FOR MANAGER</small>					