

2nd and **FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000081 BOTTOM LINE ENVIRONMENTAL SERVICES, L.C. 253 LOW STREET SUITE 123 NEWBURYPORT MA 01950

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1a. Principal Place of Business Address 253 LOW STREET SUITE 123 NEWBURYPORT MA 01950
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3. Date Organized or Qualified 02/26/1993	3a. State of Formation FL
4. FEI Number 65-0389930	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/22/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent EMA, CHRISTOPHER J 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	200002677102--0 -10/30/98--01090--001 ***199.75 ***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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	EIRAS, CHARLES J	253 LOW STREET., SUITE 123	NEWBURYPORT MA

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 11/15/98 Daytime Phone #

FILED
98 OCT 27 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Postmarked
10/16/98
10-27

DATE _____

TO Florida Secretary of State
Division of Corporations

SUBJECT Bottom Line Environmental, LC
LLC Annual Report

To Whom It May Concern:

We have enclosed a check for \$188.75 for the 1998 LLC annual report.

Please abate the late fee of \$400. We will remain current on our account in the future.

Thank you for your consideration.

Sincerely,

Charles Eiras, Member

Bottom Line Environmental, LC

SIGNED _____