		May 1, 1999 or I	_imited	Liability	Com	pany will be	<b>;</b>			•
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE OIVISION OF CORPORATIONS			
\$ 188.	FEE Ann 75 Ma and Mailing Ad ded Liability Co	ual Report \$100.00 d ke Check Payable To dress mpany DOCU	99 MAR 24 AM 10: 37  1a. Principal Place of Business Address C/O HENRY W. MACLIN, JR. 200 GULFSHORE DRIVE DESTIN FL 32541							
E C		ERVICES, L.C.								
2 Principal Place of Business 2a. Mailin			ng Address			3. Date Organized or Qualified 08/15/1994		3a. State of Formation F.L.		
Suite, Apt. #, etc. Suite,			Suite, Apl	, Apt. #, etc.			4. FEI Number	Number		
City & State City &			City & Sta	State			59-3267932		-	Applied For
Only a State						5. Date of Last Report 6. Certificate of Status D			Not Applicable	
Zip		Country	Zφ		Count	ry	04/13/1	-		ional Fee Required
	and Address of Current	Agent	I	8.	Name and Address	s of New Regis	stered Ageni	/Office		
200 (	NRY W JR HORE DRIVE 32541	Street Address (F			P.O. Box Number is Not Acceptable)					
			City			FI	Zιρ Code			
its register	red office or reg	sions of Sections 608.416 a pistered agent, or both, in the accept the obligations.	nd 608.508, State of Flor	, Florida Statute rida. Such chanç	s, the al	bove-named limited luthorized by affirma	liability company s tive vote of a majorit	ubmits this state	ement for the rs. I hereby ac	purpose of changing ccept the appointment
SIGNATU	RE	(flagistered Agin): Assesting A		aOTE - Begistered Age	ent signatur	nem gared who he histori		DATE _		
10. Title				Business Street Address				City, State and Zip Code		
MEM	LANE, JO ANNE				120 MANSFIELD COURT			ATHENS GA		
MEM	M JOHNSON, JOHN				240 GULF SHORES DR.			DESTIN FL		
MEM BRADEN, E. CHANDLER				12 N. PARKWAY, 4200 NORTH				S ATLANTA GA		
MGRM	HENRY	MACLIN ASSO	CIATE	200 Gt	JLF	SHORE DR	IVE	DESTI	N FL	

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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 eath, 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.

INHSE10 R (12-98)

SIGNATURE: July and the second property of th