

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 MAR 31 PM 4: 09  
SECRETARY OF STATE  
TAMPA FLORIDA

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

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L94000000700**

MME AND ASSOCIATES, L.C.  
~~P.O. BOX 261564~~  
~~TAMPA FL 33685~~  
P.O. Box 411  
Vienna, VA 22183

1a. Principal Place of Business Address  
607 W HORATIO ST  
TAMPA FL 33606

2. Principal Place of Business	2a. Mailing Address P.O. Box 411
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Vienna, VIRGINIA
Zip	Zip 22183
Country	Country

3. Date Organized or Qualified 12/19/1994	3a. State of Formation FL
4. FEI Number 59-3285572	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/22/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
KNOX, JAMES P  
607 W HORATIO ST  
TAMPA FL 33606

8. Name and Address of New Registered Agent/Office

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 \_\_\_\_\_ 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
MEM	BL & ASSOCIATES INTERN	607 W. HORATIO STREET <del>P.O. BOX 261564</del>	TAMPA FL
MGRM	TAPP, ROBERT T	607 W. HORATIO STREET	TAMPA FL

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\*\*\*197.50 \*\*\*197.50

*[Handwritten Signature]*  
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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: ROBERT T. TAPP *Robert T. Tapp* 3/21/98 703-893-0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #