File on or before	May 1, 1999 or	Limited	Liability Co	mpany will be	•				
subject to a \$ 400 LIMITED LIABILITY ANNUAL RE 1990	FILED								
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						99 APR -7 AM 9: 01			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000310					REURETAGN OF STATE TALLAHASSEE, FLORIDA				
1270 ORANGE AVENUE L.C.					1a. Principal Place of Business Address TWO-RAVINIA DRIVE. BUITE -2596. ATLANTA - SR - 28346.				
2 Principal Place of Busin ZISO SATELLITE	2a. Mailing Address Z180 SATELLITE BLVD.			3. Date Organize	,	3a. State of	Formation		
Suite, Apt. #, etc. SVIE 390	Suite, Ap	t. #, etc.		04/20/1 4. FEI Number	995	FL Tr	-		
City & State DULUTH, BA	City & Sta	17E 390	2001	58-2176	139	<u> </u>	Applied For Not Applicable		
ZiD	Country	Zip Zox	J74 , GA	intry	5. Date of Last R	eport		e of Status Desired	
30097	vSA and Address of Current			USA	03/20/1 Name and Address			nal Fee Required	
NEAL, ALTON 2 CORPORATE SUITE 300 CLEARWATER	DRIVE			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc					
			City			Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited fiability 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									
10. Title Mana				siness Street Address		City, State and Zip Code			
MGR HAMILTON, W. JACKSON			ZISO SKIELUJE BWD., STE. 390 DILVIJH, CA 30097						
		34-99			UDDD2:84:08:62* -04/15/9901105017 ****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. Hurther 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		America	NAME OF SHIPPING MALAS	W. JACK HAN	MILTON, III	4.5.9		18.413.1211	