
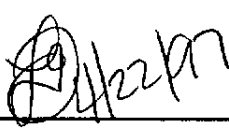
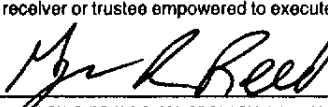


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILED 97 APR 17 AM 10:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MS CONSULTING GROUP, L.C. 3948 SOUTH THIRD STREET SUITE #191 JACKSONVILLE BEACH FL 32250		DOCUMENT # L95000000575	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 3948 SOUTH THIRD STREET SUITE #191 JACKSONVILLE BEACH FL 32250 13000 Sawgrass Village Circle #36 Ponte Vedra Beach, FL 32082	
3a. State of Formation FL		3. Date Organized or Qualified 07/27/1995	
4. FEI Number 59-3337039		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/01/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent REED, GEORGE R 350 36TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13000 Sawgrass Village Circle #36 Suite, Apt. #, etc. City Ponte Vedra Beach FL Zip Code 32082	
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	REED, GEORGE R	350 36TH AVENUE SOUTH	JACKSONVILLE BEACH FL
MEM	MAIN, LOREE	350 36TH AVENUE SOUTH	JACKSONVILLE BEACH FL
		13000 Sawgrass Village Circle #36	Ponte Vedra Beach, FL 32082
300002152113--0 -04/23/97--01074--016 ****203.75 ****203.75 			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:  George R. Reed 4/14/97 904-285-3359 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			