


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company OAKHILL GROUP, L.C. 43 CHIPMUNK CROSSING DR. TINMOUTH VT 05773-1119	DOCUMENT # L95000000609
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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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7. Name and Address of Current Registered Agent WACKEEN, W. THOMAS 401 EAST OSCEOLA STREET, RIVER OAK C STUART FL 34995 P.O. BOX 6 1100 SOUTH FEDERAL HIGHWAY STUART FL 34994	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
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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 _____ (Registered Agent Accepting Appointment) (Name) _____ (Registered Agent Signature) (Date) _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NOBLE, ROBERT A JR.	9659 FAIRWOOD COURT 43 CHIPMUNK CR. DR.	PORT ST. LUCIE FL TINMOUTH VT 05773-1119
MGRM	MARSHALL, JAMES G	107 COUNTRY CLUB ROAD	QUEENSBURY NY 12804
MEM	HIGLEY, GARY A	42 COOLIDGE AVE. 138 QUAKER ROAD	GLENS FALLS NY QUEENSBURY N.Y. 12804
MEM	MAYNARD, DON F	9630 LANDINGS DRIVE	PORT ST. LUCIE FL 34986
MEM	SCHUPP, DONALD E	234 OVERBROOK RD.	VALENCIA PA 16056
MEM	CHASE MANHATTAN BANK,	P.O. BOX 183, OAK POINT	HAMMOND NY 13646

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 A. Noble* *Manager* April 1, 99 802-446-3587