


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		99 MAY -5 PM 12:46 44 5/13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000750 EVENT CONCEPTS AND SERVICES, L.C. 165 PATRICK MILL CIRCLE PONTE VEDRA BEACH FL 32082				1a. Principal Place of Business Address 165 PATRICK MILL CIRCLE PONTE VEDRA BEACH FL 32082			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 10/02/1995		3a. State of Formation FL	
				4. FEI Number 58-2217225		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/11/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required for all changes.)</small>				DATE _____			
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGR	BAUMGARTNER, ERWIN		RINGSTRASSE 80		56077 KOBLENZ, GERMA		
MGR	CARPER, JENNIFER		202 ATP TOUR BLVD, RM. 210 165 Patrick Mill Circle		PONTEREARA FL Ponte Vedra FL 32082		
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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: _____ <small>SIGNATURE AND TYPE OF OFFICIAL OF LIMITED LIABILITY COMPANY OR MANAGING MEMBER</small>							