


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	
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 MSA CONSULTING, L.C. 1081 CORKWOOD STREET HOLLYWOOD FL 33019		DOCUMENT # L95000000779		FILED 99 MAR 17 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/11/1995 4. FEI Number 65-0614734 5. Date of Last Report 02/20/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent MALONEY-SIMON, EILEEN 1081 CORKWOOD STREET HOLLYWOOD FL 33019			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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 <i>Eileen Maloney-Simon</i> DATE <i>3-15-99</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	MALONEY-SIMON, EILEEN	1081 CORKWOOD STREET		HOLLYWOOD FL	
MGRM	SIMON, LESTER A	1081 CORKWOOD STREET		HOLLYWOOD FL	
6000002820666---6 -03/26/99--01115--018 ****197.50 ****197.50 3-24-99					
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: <i>Lester A. Simon</i> 3/15/99 (950921-0385) <small>SIGNATURE AND TITLE OF PERSON IN CARE OF SIGNATURE MUST BE PRINTED IN BLOCK 10, OR ON AN ATTACHMENT WITH AN ADDRESS</small>					