


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L96000000083		1a. Principal Place of Business Address	
HALBERT AND ASSOCIATES, L.C. 493 YOUNG STREET MELBOURNE FL 32935				493 YOUNG STREET MELBOURNE FL 32935	
2. Principal Place of Business <u>Same as above</u>		2a. Mailing Address <u>Same as above</u>		3. Date Organized or Qualified 01/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 59-3365075	
Zip		Country		5. Date of Last Report 04/16/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
MITCHELL, BRUCE A 493 YOUNG STREET MELBOURNE FL 32935		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <del>200002520022</del> City <del>05/12/98--01034--011</del> Zip Code <del>***100.75</del> <b>FL</b> <del>***188.75</del>			
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	
MGRM	HALBERT, S. RAY	493 YOUNG STREET		MELBOURNE FL	
MGRM	HALBERT, DAVID RAY	680 HYDE PARK LANE		MELBOURNE FL	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*S. Ray Halbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-22-98 (407) 253-8209  
Date Daytime Phone #