

**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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 02 APR -9 PM 5:00  
 SECRETARY OF STATE

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000095</b>  4647 PSI CENTER, L.C. 109 EGRET CIR GREEN ACRES FL 33413	
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1a. Principal Place of Business Address  109 EGRET CIR GREEN ACRES FL 33413
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2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1996		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report		6. Certificate of Status Desired	
				02/26/1998		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
MOORE, W. RODGERSS 210-A N FEDERAL HWY BOCA RATON FL 33431		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MAGERKURTH, WILLIAM	109 EGRET CIR	GREEN ACRES FL
MGR	ARTOLA, ROBERT D	<del>851 FRANCIS ST</del> 1830 MEDITERRANEAN LAKE CLARK SHORES, FLORIDA 33406	<del>WEST PALM BEACH FL</del> LAKE CLARK SHORES, FLORIDA 33406

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:** *W.A. Magerkurth* W.A. MAGERKURTH 4-6-99 (561 540 8363)