


**FILE NOW: Fee after May 1, will be \$588.75**

7/17/97

**APPROVED  
AND  
FILED**

1997 APR 16 AM 9:51

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #L96000000332</b>
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NEXUS MANAGEMENT GROUP LC.  
~~4809 OLD OAK TREE COURT~~  
~~ORLANDO FL 32808~~

1a. Principal Place of Business Address

4809 OLD OAK TREE COURT  
ORLANDO FL 32808

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 1223 N. ORANGE AVE Suite, Apt. #, etc. B City & State ORLANDO, FL Zip 32804 Country ORANGE	2a. Mailing Address SAME Suite, Apt. #, etc. B City & State ORLANDO, FL Zip 32804 Country ORANGE	3. Date Organized or Qualified 03/26/1996 3a. State of Formation FL 4. FEI Number 59-3374502 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required
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7. Name and Address of Current Registered Agent SUTPHEN, ROBERT R 4809 OLD OAK TREE COURT ORLANDO FL 32808	8. Name and Address of New Registered Agent Name SUTPHEN, ROBERT R. Street Address (P.O. Box Number is Not Acceptable) 1223 N. ORANGE AVE. Suite, Apt. #, etc. SUITE B City ORLANDO FL Zip Code 32804
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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

*[Signature]*

DATE

4/14/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	FIELDS, ED	1223 N. ORANGE AVE <del>2642 CLARINET DRIVE</del> SUITE B	ORLANDO, FL <del>ORLANDO FL</del>
MEM	SUTPHEN, ROBERT R	<del>4809 OLD OAK TREE COURT</del> 1223 N. ORANGE AVE SUITE B	<del>ORLANDO FL</del> ORLANDO, FL

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\*\*\*\*203.75 \*\*\*\*203.75

7/17/97

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:

*[Signature]*

4/14/97 (407) 897-8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #