

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 17 PM 1:51

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 WILLIAMS & PARTNER, L.C. 696 1ST AVE N SUITE 201 ST PETERSBURG FL 33701	DOCUMENT # L9600000433
--	-------------------------------

1a. Principal Place of Business Address 696 1ST AVE N SUITE 201 ST PETERSBURG FL 33701
--

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 04/15/1996	3a. State of Formation FL
4. FEI Number 59-3384705	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/13/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent WILKINSON, G B 696 1ST AVE N SUITE 201 ST PETERSBURG FL 33701	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 _____ (DATE _____)
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when rec'd filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WILLIAMS, ELLIS M	P.O. BOX 851 N/A	CORAOPOLIS PA
MGRM	TECHERA, MARIO	P.O. BOX 851 N/A	CORAOPOLIS PA

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 *E.M. Williams* **E.M. WILLIAMS MGR/PTR 3/3/99**
SIGNATURE AND TITLE OF FILER (NAME OF OFFICER, MANAGER, MEMBER, RECEIVER, ETC.)