


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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  99 MAR 29 AM 10:00  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>		<b>DOCUMENT # L96000000466</b>			
<b>TIP TOP SOFTWARE LLC 1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060</b>		<b>1a. Principal Place of Business Address</b>  <b>1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060</b>			
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>04/24/1996</b>	
City & State		City & State		<b>4. FEI Number</b>	
Zip		Zip		<b>65-0675320</b>	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Date of Last Report</b>	
				<b>05/04/1998</b>	
				<b>6. Certificate of Status Desired</b>	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>				<b>8. Name and Address of New Registered Agent/Office</b>	
<b>BAKERJIAN, JERRY 1591 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH FL 33060</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				<b>300002882243</b>	
				<b>04/07/99 01078-015</b>	
				<b>****188.75 ****188.75</b>	
				<b>FL</b>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____					
<small>(Registered Agent Accepting Appointment) (Not Registered Agent Signature required when agent is not)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	BOTHMA, THEUNS	37 BAY STATE ROAD #6		BOSTON MA	
MGR	CREMER, ESME	37 BAY STATE ROAD #6		BOSTON MA	
MGRM	BOTHMA, THEUNS	37 BAY STATE ROAD #6		BOSTON MA	
MGRM	CREMER, ESME	37 BAY STATE ROAD #6		BOSTON MA	
<i>dec</i>					
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>3/3/99 934-943-1498</b>					
<small>SIGNATURE AND TYPE OR PRINT NAME OF SUBSCRIBER MUST BE ON EACH PAGE OF REPORT</small>					