

6 x 10 800

2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 14 AM 11:13

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000766

LIFEEVENTS, L.C.
2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308

1a. Principal Place of Business Address

2640-A MITCHAM DRIVE
TALLAHASSEE FL 32308

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3395629	5. Date of Last Report
				04/02/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

BISCHOFF, WILLIAM S ESQ.
3691 DEXTER DRIVE
TALLAHASSEE FL 32312

8. Name and Address of New Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code **FL** *MDA*

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
MGR	SHERIDAN, MICHAEL H	3081 O'BRIEN DRIVE	TALLAHASSEE FL
MGR	TORNILLO, PAT L JR.	2929 S.W. 3RD AVENUE	MIAMI FL

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***188.75 ***188.75

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: *Michael H Sheridan* Michael H SHERIDAN 2/5/98 850-894-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



LifeEvents, L.C.

Document:
L 96000000766

Florida Department of State

8/5/98

Attached is a check for \$188.75 for
the annual report for LifeEvents, LC, FEI Number 59-3395629.

Please waive the \$400 late fee. We have no
evidence of receiving the initial notice (or any other
notice). Perhaps the problem arose when we failed to
change our name from LifeEvents to the present LifeEvents,
which we did by application to your department, with a
check for \$2.50 on December 10, 1998.

Thank you for your cooperation.

Michael H. Shendler

Managing Member