


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 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 DOCUMENT # L96000000894 AAA BUSINESS SOLUTIONS, L.C. POST OFFICE BOX 13327 TALLAHASSEE FL 32317 | | <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">99 APR 30 PM 2:00</div> 1a. Principal Place of Business Address 5083 MINT HILL COURT TALLAHASSEE FL 32308 | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 3221 CRANLEIGH DRIVE Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32308 Country USA | | 2a. Mailing Address P.O. Box 13327 Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32317 Country USA | | 3. Date Organized or Qualified 08/22/1996 4. FEI Number 59-3395770 5. Date of Last Report 05/13/1998 | | | | | | | | | | | | | |
| 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent BROOKS, JAMES LANDON 5083 MINT HILL COURT TALLAHASSEE FL 32308 | | | 8. Name and Address of New Registered Agent/Office Name James L. Brooks Street Address (P.O. Box Number is Not Acceptable) 3221 CRANLEIGH DRIVE Suite, Apt. #, etc. City TALLAHASSEE FL Zip Code 32308 | | | | | | | | | | | | | | |
| 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 <u>James L. Brooks</u> DATE <u>4/30/99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when making change)</small> | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>BROOKS, JAMES LANDON</td> <td>5083 MINT HILL COURT</td> <td>TALLAHASSEE FL</td> </tr> <tr> <td>MGR</td> <td>BROOKS, CATHY <u>KATHY</u></td> <td>5083 MINT HILL COURT</td> <td>TALLAHASSEE FL</td> </tr> </table> | | | | | | 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | MGR | BROOKS, JAMES LANDON | 5083 MINT HILL COURT | TALLAHASSEE FL | MGR | BROOKS, CATHY <u>KATHY</u> | 5083 MINT HILL COURT | TALLAHASSEE FL |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | | | | | | | | | | | | | |
| MGR | BROOKS, JAMES LANDON | 5083 MINT HILL COURT | TALLAHASSEE FL | | | | | | | | | | | | | | |
| MGR | BROOKS, CATHY <u>KATHY</u> | 5083 MINT HILL COURT | TALLAHASSEE FL | | | | | | | | | | | | | | |
| 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: <u>James L. Brooks</u> James L. Brooks DATE <u>4/30/99</u> <small>SIGNATURE AND DATE TO BE PRINTED IN NAME OF SIGNING MEMBER OR MEMBER FORM MANAGER</small> | | | | | | | | | | | | | | | | | |