File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

GAINESVILLE FL 32605



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 APR 29 PM 3: 10

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L96000000911

ACES Q.C., L.C. 1421 NW 47TH TERRACE 1a. Principal Place of Business Address

1421 NW 47TH TERRACE GAINESVILLE FL 32605

2. Principal Place of Business		2a. Mailing Address			3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08/26/1996 4. FEI Number	FI. Applied For
City & State		City & State			59-3 3 97689	Not Applicable
Zip	Country	Zıp	Country		5. Date of Last Report	8. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office		
BARTLETT, RODNEY J 1421 NW 47TH TERRACE GAINESVILLE FL 32605				Street Address (P.O. Box Number is Not Acceptable) Sulte, 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 _ (Hegistered Agent Accepting Aprointment) (NOTE Registered Agent signature required when reinstating)

MGR BARTLETT, RODNEY J BARTLETT, BEVERLY F. ngen

Managing Members/Managers

1421 NW 47TH TERRACE 1921 NW 974 TERRACE

Business Street Address

GAINESVILLE FL

City, State and Zip Code

GAINESVICUS FL

80 0002512448--0 -05/06/98--01008--023 ****188.75 ****188.75

11. Ido 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.

10. Title