

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
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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 # L96000000955 EW USA, L.C. 100 SOUTHPARK BOULEVARD SUITE 414 ST AUGUSTINE FL 32086	1a. Principal Place of Business Address 100 SOUTHPARK BOULEVARD SUITE 414 ST AUGUSTINE FL 32086
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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 08/26/1996	3a. State of Formation FL
		4. FEI Number 59-3428381	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 02/26/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent ROEHR, PETER 4057 SEMINOLE POINT CT ST AUGUSTINE FL 32086	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 <div style="text-align: right;">FL <i>MSA</i></div>
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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) (SOLE Registered Agent/Supervisor/Partner/Member/Manager)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROEHR, CLAU P	4057 SEMINOLE POINT CT	ST AUGUSTINE FL
MGMR	TAYLOR, DAIL A	100 SOUTHPARK BLVD., SUITE	ST. AUGUSTINE FL
MGRM	ARONSON, BEN	5085 MEDORAL AVENUE	ST. AUGUSTINE 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: *Dail A Taylor* 2/18/99 (904) 829-9075