


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				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 # L96000001001		98 MAR -9 AM 10:59 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2001-27 LIMITED COMPANY 400 E. COLONIAL DR. SUITE 910 ORLANDO FL 32803		1a. Principal Place of Business Address 400 E. COLONIAL DR. SUITE 910 ORLANDO FL 32803		2a. Mailing Address SUITE, Apt. #, etc. City & State Zip Country	
2. Principal Place of Business SUITE, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/23/1996		3a. State of Formation FL	
2a. Mailing Address SUITE, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3435458		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent LANE, MARION E 400 EAST COLONIAL DRIVE SUITE 910 ORLANDO FL 32803		5. Date of Last Report 05/05/1997		6. Certificate of Status Desired <input type="checkbox"/> \$0.25 Additional Fee Required	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, 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 _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	LANE, MARION E	400 E. COLONIAL DR. SUITE	ORLANDO FL		
MGRM	KAPANKE, WILLIAM E	2606 CANTERCLUB TRAIL	APOPKA FL		
MGRM	ARTIP, HAROLD G	912 CUTLER ROAD	LONGWOOD FL		
MGRM	MASTIN, PATRICIA D	405 WILLOW BROOK LANE	DELTONA FL		
MGRM	BRYANT, LESTER R	944 FEATHER DRIVE	COLUMBIA MO		
		MA 204 MEDICAL SCIENCE BLD	800002454658--4		
			-03/12/98--01007--006		
			*****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: <i>Marion E Lane</i>		2-28-98		407-481-9890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	