
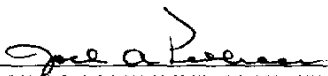


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		1110 SECRETARY OF STATE DIVISION OF CORPORATIONS  90 MAR 10 PM 1:00	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # L96000001125</b>  <b>PERSISTENCE, L.C.</b> <b>171 MCDONALD'S COURT</b> <b>MYRTLE BEACH SC 29577</b>		<b>1a. Principal Place of Business Address</b>  <b>2714 N.E. 24TH STREET</b> <b>LIGHTHOUSE POINT FL 33064</b>			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Organized or Qualified</b> <b>10/23/1996</b> <b>3a. State of Formation</b> <b>FL</b> <b>4. FEI Number</b> <b>58-2298299</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>5. Date of Last Report</b> <b>03/09/1998</b> <b>6. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b>  <b>TEMPKINS, HARRY ESQ.</b> <b>420 LINCOLN ROAD</b> <b>SUITE 258</b> <b>MIAMI BEACH FL FL331</b>			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>		
<b>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.</b>					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (Not to be Registered Agent signature required when filing)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	PELLICCI, JOEL A	171 MCDONALD'S COURT		MYRTLE BEACH SC	
MGRM	RATLEY, DANIEL	401 FOREST LAKE RD		FAYETTEVILLE NC	
MEM	TAYLOR, PHILIP	1042 BRAGG BLVD		FAYETTEVILLE NC	
40000029808174--4 -03/11/99--01116--005 ****188.75 ****188.75					
<b>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.</b>					
<b>SIGNATURE:</b> 		3/1/99		843-293-3245	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					