

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 17 PM 1:51

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001344

CUSTOMER SERVICE CENTER OF F.N.B., L.L.C.
840 GOODLETTE ROAD N.
SUITE 201
NAPLES FL 34102

1a. Principal Place of Business Address

840 GOODLETTE ROAD N.
SUITE 201
NAPLES FL 34102

2 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 12/27/1996	3a. State of Formation FL
4. FEI Number 65-0716538	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/24/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

ALBERT, LEWIS S
840 GOODLETTE ROAD N.
SUITE 201
NAPLES FL 34102

8. Name and Address of New Registered Agent/Office

Name Charles C. Grau
Street Address (P.O. Box Number is Not Acceptable)
2150 Goodlette Rd #800
Suite, Apt. #, etc.
City Naples FL Zip Code 34102

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 Charles C. Grau DATE 3-1-99
(If Registered Agent Accepting Appointment) (If Not, Registered Agent Signature to be provided with new statement)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TICE, GARY L	840 GOODLETTE ROAD N.	NAPLES FL
MGR	BALLEW, J. PAUL	840 GOODLETTE ROAD N.	NAPLES FL
MGR	BRINSON, MARIE A	840 GOODLETTE ROAD N.	NAPLES FL
MGR	COMBS, SONDR A	840 GOODLETTE ROAD N.	NAPLES FL
MGR	DELARIO, BARBARA A	840 GOODLETTE ROAD N.	NAPLES FL
MGR	Charles C. Grau	840 GOODLETTE ROAD N.	NAPLES 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: Charles C. Grau 3-1-99
SECRETARY OF STATE, DIVISION OF CORPORATIONS