		May 1, 1998 o		d Liability	Com	pany will be	•			·
				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 26 PM 1: 50			
	FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							201 ED E	0 111 1	· • •
1. Name and Malling Address of Limited Liability Company DOCUMENT # L96000001360							1a. Principal Place of Business Address			
SANDPIPER SECURITIES, L.C. 2727 ULMERTON ROAD SUITE 330 CLEARWATER FL 33762							2727 ULMERTON ROAD SUITE 330 CLEARWATER FL 33762			
2. Principal Place of Business 2a. Mailli				ng Address			3. Date Organize	ed or Qualified	3a. State o	f Formation
Suite, Apt. #, etc.				Sulte, Apt. #, etc.			12/30/1996 FL			
City & Stal	to	City & Si	City & State			Applied For				
							59-3416 5. Date of Last F		6. Certifica	Not Applicable te of Status Desired
Zip	Country Z		Zip	p Count		04/21/1		\$8.75 Additional Fee Require		inal Fee Required
7. Name and Address of Current Registered				Agent				of New Regis	tered Agent/	Office
	er Fon Road		Name Street Address (P			P.O. Box Number is Not Acceptable)				
SUITE 330 CLEARWATER FL 33762					Sulte, Apt. #, etc.					
					City			Zip Code		
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 egent, 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										
10. Title Managing Members/Managers				NOTE REGISIERED AGE	OTE Registered Agent signature required when reinstating) Business Street Address			City, State and Zip Code		
MRG	WATTS, ROGER			2727 ULMERTON ROAD,			O, SUITE	CLEARWATER FL		
				00			00024474900 -03/05/9801005020 ****188.75 ****188.75			
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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 accompte and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trastee approvered 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: ROSE WITTS 2/24/98 SIGNATURE: Date Print D NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Paytime Prince #										