



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 # L97000000365 J J R & ASSOCIATES, L C POST OFFICE BOX 4344 TALLAHASSEE FL 32315-4344		1a. Principal Place of Business Address 3583 DORIS DRIVE TALLAHASSEE FL 32315	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 03/28/1997		3a. State of Formation FL	
4. FEI Number 59-3444816		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> SE 2b Additional Fee Required	
7. Name and Address of Current Registered Agent DE BUSK, RUTH M RD, PH.D 3583 DORIS DRIVE TALLAHASSEE FL 32315		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 3088882502439 -04/28/98--01035--022 City FL Zip Code ****188.75 ****188.75	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DEBUSK, RUTH M RD PH.D	POST OFFICE BOX 4344 N/	TALLAHASSEE FL
MGRM	GILPIN, JIM	1725 E. MAHAN DRIVE	TALLAHASSEE FL
MGRM	SAMS, JACK G	1673 W. PAUL DIRAC DRIVE 1258 Shadeville Rd	TALLAHASSEE FL Crawfordville 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: 		4/13/98 850-562-3261	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	