


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000000442		1a. Principal Place of Business Address	
DH GROUP, L.C. 905 ROUX STREET PLANT CITY FL 33566				905 ROUX STREET PLANT CITY FL 33566	
2. Principal Place of Business 114 N. Collins Suite, Apt. #, etc.		2a. Mailing Address 905 N. Roux St. Suite, Apt. #, etc.		3. Date Organized or Qualified 04/23/1997	
City & State Plant City, FL		City & State Plant City, FL		3a. State of Formation FL	
Zip 33566		Country USA		4. FEI Number 59-350 3639	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
BRIGGS, JOHN RALPH 905 ROUX STREET PLANT CITY FL 33566			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 <u>John Briggs</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			DATE <u>May 16, 1998</u>		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	BRIGGS, JOHN RALPH	905 ROUX STREET		PLANT CITY FL	
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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: John Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE May 16, 1998 8B752-5282

Daytime Phone #