


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>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>98 APR 29 AM 11:30</b>	
<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>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000000485		1a. Principal Place of Business Address	
STRATEGIES GROUP INTERNATIONAL, L.C. 14 AUTUMNWOOD TRL. DELAND FL 32724				14 AUTUMNWOOD TRL. DELAND FL 32724	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
150 Wildwood Rd.		150 Wildwood Rd.		05/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3504475	
City & State		City & State		5. Date of Last Report	
DeLand, FL		DeLand, FL		n/a	
Zip		Zip		6. Certificate of Status Desired	
32720		32720		88.75 Additional Fee Required <input checked="" type="checkbox"/>	
Country		Country			
USA		USA			
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
STANLEY, RUTH D 14 AUTUMNWOOD TRL. DELAND FL 32724				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				FL	
				Zip Code	
				m/a	
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	HAMPTON, CLARENCE O II	150 Wildwood Rd., 855 TORCHWOOD DR.		DELAND FL 32720	
MEM	MORFORD, PENNY D	150 WILDWOOD RD.		DELAND FL 32720	
MEM	STANLEY, RUTH D.	150 Wildwood Rd.		DeLand, FL 32720	
				400002511424--6 -05/05/98--01111--002 ****197.50 ****197.50	

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:** Ruth D Stanley, Co-Managing Partner 4/27/98 904-740-1450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #