



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
<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>TALLAFIRMA, L.C.</b> <b>3370 CAPITAL CIRCLE NE, SUITE 1</b> <b>TALLAHASSEE FL 32308</b>		<b>DOCUMENT # L97000000743</b>		1a. Principal Place of Business Address <b>3370 CAPITAL CIRCLE NE, SUITE 1</b> <b>TALLAHASSEE FL 32308</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address <b>P.O. Box 14369</b>  Suite, Apt. #, etc.  City & State <b>TALLAHASSEE, FL</b>  Zip <b>32317</b>		3. Date Organized or Qualified <b>07/09/1997</b>  4. FEI Number <b>59-3458087</b> <b>APPLIED FOR</b>  5. Date of Last Report <b>02/24/1998</b>	
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>LANGSTON, D LANCE</b> <b>1017 THOMASVILLE RD, SUITE C</b> <b>TALLAHASSEE FL 32303</b>			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> 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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a group)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TIMM, BRUCE B	3370 CAPITAL CIRCLE NE, SUITE 1		TALLAHASSEE FL	
				600002795206--2 -03/04/99--01000--001 ****188.75 ****188.75	
				900002795229--1 -03/05/99--01006--001 ****188.75 ****188.75	
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:  <b>BRUCE TIMM</b> 2-24-99 850-385-8818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGER OR MEMBER FOR MANAGER</small>					