


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

 99 FEB 25 AM 10: 25

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000743
TALLAFIRMA, L.C. 3370 CAPITAL CIRCLE NE, SUITE 1 <i>94-AP CM</i> TALLAHASSEE FL 32308	

1a. Principal Place of Business Address
3370 CAPITAL CIRCLE NE, SUITE TALLAHASSEE FL 32308

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 14369	
City & State		City & State	
Tallahassee, FL		Tallahassee, FL	
Zip	Country	Zip	Country
32317		32317	

3. Date Organized or Qualified	3a. State of Formation
07/09/1997	FL
4. FEI Number	<input type="checkbox"/> Applied For
59-3458087	<input type="checkbox"/> Not Applicable
APPLIED FOR	
5. Date of Last Report	6. Certificate of Status Desired
02/24/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

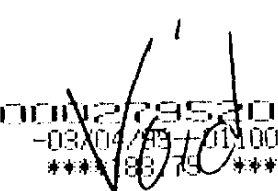
7. Name and Address of Current Registered Agent
LANGSTON, D LANCE 1017 THOMASVILLE RD, SUITE C TALLAHASSEE FL 32303

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
	FL

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 not a group)

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


 800002795206--2
 -03/04/99--0100--001
 ****188.75 ****188.75

 800002795229--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: *Bruce Timm* **BRUCE TIMM** **2-24-99** **850-385-8818**