


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 APR 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # L97000000755		1a. Principal Place of Business Address	
FIRST STEP FINANCIAL SERVICES, LLC 1000 COVE CAY, #5C CLEARWATER FL 34620				1000 COVE CAY, #5C CLEARWATER FL 34620	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Clearwater, FL		1000 Cove Cay		07/11/1997	
Suite, Apt. #, etc. 1000 Cove Cay #5C		Suite, Apt. #, etc. 5C		3a. State of Formation FL	
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 31-1576338	
Zip 33760		Country Pinellas		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
33760		33760		5. Date of Last Report 03/23/1998	
Pinellas		Pinellas		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			
BALDOCK, WAYNE 1000 COVE CAY, #5C CLEARWATER FL 34620		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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when removing agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BALDOCK, WAYNE	1000 COVE CAY, #5C		CLEARWATER FL	
MGRM	HAGY, JOHN D	1109 WAGGONER CT. WEST		NASHVILLE TN	
4000002856804-2 -04/23/99-01093--013 ****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

*Wayne Baldock*, member

4-19-99 721-524-4060