
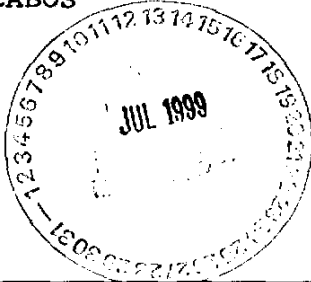
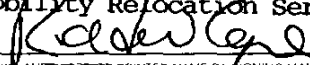


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL 21 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000780			
MP OWNERS GROUP, LLC. 19353 US HWY 19 N SUITE 100 CLEARWATER FL 33764		1a. Principal Place of Business Address 19353 US HWY 19 N SUITE 100 CLEARWATER FL 33764			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/15/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3466377	
Country		Country		5. Date of Last Report	
				07/30/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
POWERS, JILL FISHER 19353 US HWY 19 N SUITE 100 CLEARWATER FL 33764		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002950530--2 -08/04/99--01072--001 City ****588.75 ****588.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MOBILITY RELOCATION SE	19353 US HWY 19 N SUITE 10		CLEARWATER FL	
MGR	GORDON, STANLEY M	610 NEWPORT CENTER DR, #70		NEWPORT BEACH CA	
MGR	DUNLAP, DOUGLAS L	46 LOS CABOS		DANA POINT CA	
					
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.					
Mobility Relocation Services, Inc., a managing member					
SIGNATURE: BY:  SIGNATURE AND TITLE OF REGISTERED AGENT OR MANAGING MEMBER OR MANAGER RICHARD W. COPE, as President					