

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	
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 # L97000000781 THE CREATIVE SOLUTIONS GROUP L.C. 34# LANDS END DRIVE ST. AUGUSTINE, FL 32095		1a. Principal Place of Business Address 34# LANDS END DRIVE ST. AUGUSTINE, FL 32095	
2. Principal Place of Business SAME	2a. Mailing Address SAME AS 1	3. Date Organized or Qualified JULY 16, 1997	3a. State of Formation FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3466634	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent CHRISTINE R. SMITH 34# LANDS END DRIVE ST. AUGUSTINE, FL 32095		8. Name and Address of New Registered Agent/Office 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 _____	
(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	STEVEN J. HENDRICKSON	34# LANDS END DRIVE	ST. AUGUSTINE, FL 32095
MEM	NANCY E.R. HENDRICKSON	34# LANDS END DRIVE	ST. AUGUSTINE, FL 32095
MEM	CHRISTINE R. SMITH	34# LANDS END DRIVE	ST. AUGUSTINE, FL 32095
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: <i>Nancy E. R. Hendrickson</i>		Date: <i>March 06, 1999</i> 904 833-1184	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER <i>Nancy E. R. Hendrickson</i>		Daytime Phone #	