

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001098</b>  VIRGIN HOUSE HANDLERS, L.C. 2359 SOUTHWEST 27TH TERRACE FORT LAUDERDALE FL 33312		1a. Principal Place of Business Address  2359 SOUTHWEST 27TH TERRACE FORT LAUDERDALE FL 33312	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country	
3. Date Organized or Qualified 09/29/1997		3a. State of Formation FL	
4. FEI Number 65-0821150		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/26/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  MAHAFFEY, WILLIAM L 2359 SOUTHWEST 27TH TERRACE FORT LAUDERDALE FL 33312		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) 15000002841156 Suite, Apt. #, etc. -04/15/99--01118--009 City ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when re-designating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MAHAFFEY, WILLIAM L	2359 SOUTHWEST 27TH TERRACE	FORT LAUDERDALE FL
MGRM	MAHAFFEY, KATHRYN D	2359 SOUTHWEST 27TH TERRACE	FORT LAUDERDALE FL
MGRM	MAHAFFEY, MATHEW L	2359 SOUTHWEST 27TH TERRACE	FORT LAUDERDALE FL
MGRM	MAHAFFEY, MICHAEL W	2359 SOUTHWEST 27TH TERRACE	FORT LAUDERDALE FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: WILLIAM L. MAHAFFEY		3-18-99 954-3179024	