


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 13 PM 12:00	
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 STOCK-SPLIT PARTNERS, LLC 265 SUNRISE AVENUE, SUITE 204 PALM BEACH FL 33480		DOCUMENT # L97000001138		1a. Principal Place of Business Address 265 SUNRISE AVENUE, SUITE 20 PALM BEACH FL 33480	
2. Principal Place of Business 11196 Grandview Manor Suite, Apt. #, etc.		2a. Mailing Address 265 Sunrise Avenue Suite, Apt. #, etc. Suite 204		3. Date Organized or Qualified 10/14/1997	
City & State Wellington, FL		City & State Palm Beach, FL		3a. State of Formation FL	
Zip 33414	Country USA	Zip 33480	Country USA	4. FEI Number 65-0787447	
5. Date of Last Report n/a				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent MINTMIRE, DONALD 265 SUNRISE AVENUE, SUITE 204 PALM BEACH FL 33480				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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	TAYLOR, JOHN R	265 SUNRISE AVENUE, SUITE 11196 Grandview Manor		PALM BEACH FL Wellington FL 33414	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #