


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		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -5 AM 11:28	
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 AVE., SUITE 204 PALM BEACH FL 33480 <i>99-AR CM</i>			DOCUMENT # L97000001138		
2. Principal Place of Business 265 Sunrise Avenue Suite, Apt. #, etc. Suite 204 City & State Palm Beach. Zip 33480		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		3. Date Organized or Qualified 10/14/1997 4. FEI Number 65-0787447 5. Date of Last Report 03/13/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
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) 100002842681--4 Suite, Apt. #, etc. -04/16/99--01091--021 ****188.75 ****188.75 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 <i>Donald F. Mintmire</i> 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 MEM	XXXXXXXXXXXX Donald F. Mintmire	XXXXXXXXXXXXXXXXXXXX 265 Sunrise Avenue Suite 204		XXXXXXXXXXXX Palm Beach, FL 33480	
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. 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>Donald F. Mintmire</i> 3/22/99 561-832-5696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					