


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

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|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 98 MAR 20 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 ATTNT, L.C. C/O ANASTASOPOULOS 1600 GULF BOULEVARD, PH 1 CLEARWATER FL 34630 | | DOCUMENT # L97000001297 | | 1a. Principal Place of Business Address C/O ANASTASOPOULOS 1600 GULF BOULEVARD, PH 1 CLEARWATER FL 34630 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address 1600 GULF BLVD #PA1 Suite, Apt. #, etc. PH1 City & State Clearwater, Florida Zip 33767 | | 3. Date Organized or Qualified 11/19/1997 | |
| | | | | 3a. State of Formation FL | |
| | | | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | Country Pinellas | | 6. Date of Last Report - New - | |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent STAACK AND KLEMM, P.A. 121 NORTH OSCEOLA AVENUE, 2ND FLOOR CLEARWATER FL 33755 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____ | | | 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 | |
| MGRM | ANASTASOPOULOS, ELIAS | 1600 GULF BOULEVARD, PH 1 | | CLEARWATER FL | |
| | | | | 400002467134--5 -03/24/98--01096--017 ****188.75 ****188.75 | |
| <i>dee</i> | | | | | |

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: Elias Anastasopoulos Date: 3-17-98 813
 Daytime Phone # 596-3232