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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 17 PM 1:03

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 #** L97000001389
The Isaac Group, LLC,
P.O. Box 1962
Ponte Vedra Beach, FL 32004-1962

1a. Principal Place of Business Address
823 Tournament Rd.
Ponte Vedra, FL 32082

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 1/1/98
3a. State of Formation: FL
4. FEI Number: 59-3483446 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: N/A
6. Certificate of Status Desired: $6.25 Additional Fee Required ☐

7. Name and Address of Current Registered Agent
Ameritrawyer
343 Almeria Ave
Coral Gables, FL 33134

8. Name and Address of New Registered Agent/Office
Name: Richard Sapp
Street Address (P.O. Box Number is Not Acceptable): 823 Tournament Rd
Suite, Apt. #, etc:
City: Ponte Vedra Bch, FL Zip Code: 32082

9. Pursuant to the provisions of Sections 608.416 and 608.506, 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: [signature] (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/99

10. Title	Managing Members/Managers	Business Street Address	City State and Zip Code
MGRM	Julia C. Sapp	823 Tournament Rd	Ponte Vedra, FL 32082
MGRM	Richard Sapp	Same	Same
MGRM	Mildred Sapp	Same	Same

[illegible]
-05/19/99--01004--019
****188.75 ****188.75

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: [signature] 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #