


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 99 MAR 22 AM 8:00 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 DOCUMENT # 198000000030 WINDRIDER, L.L.C. 502 N.W. 75TH STREET, SUITE 77 GAINESVILLE FL 32607-1799		1a. Principal Place of Business Address 502 N.W. 75TH STREET, SUITE GAINESVILLE FL 32607											
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 01/08/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable									
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name: 188 75 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>(If Current Agent Accepting Appointment) (FEI) (If Current Agent Signature is Required When Filing this Report)</small>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>HOLCOMB, DONALD R</td> <td>130 BROOKSHIRE LANE P.O. Box 4Y</td> <td>BECKLEY WV , 25801</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	HOLCOMB, DONALD R	130 BROOKSHIRE LANE P.O. Box 4Y	BECKLEY WV , 25801
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MGR	HOLCOMB, DONALD R	130 BROOKSHIRE LANE P.O. Box 4Y	BECKLEY WV , 25801										
000002828360 -04/02/99--01090--024 ****188.75 ****188.75 dce													
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: <i>Donald R. Holcomb</i> Donald R. Holcomb 3/16/99 304-255-9030													