
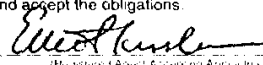
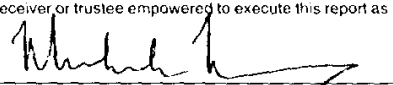


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000000143</b> SOFTWARE SERVICES, L.C. 2855 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33065		1a. Principal Place of Business Address 2855 UNIVERSITY DRIVE, SUITE CORAL SPRINGS FL 33065			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 02/03/1998	
				3a. State of Formation FL	
				4. FEI Number <b>65-0839039</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name <b>ELLIOT KESSLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4020 SHERIDAN STREET, STE C</b> Suite, Apt. #, etc. City <b>Hollywood</b>		
			Zip Code <b>FL 33021</b>		
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 <b>2/26/99</b>	
<small>(Registered Agent Accepting Appointment) (P.O. Registered Agent Signatures are Not Acceptable)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	NARANG, MUKESH	2855 UNIVERSITY DRIVE, SUITE 200		CORAL SPRINGS FL 33065	
2855 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33065 ***188.75 ***188.75 <b>3-17-99</b>					
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:				DATE <b>3/11/99</b> (34) 7-2811	