
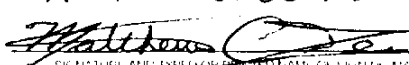


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 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 CEREBSYS, L.C. P.O. BOX 8295 PORT ST LUCIE FL 34985		DOCUMENT # L98000000202		1a. Principal Place of Business Address P.O. BOX 8295 PORT ST LUCIE FL 34985	
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 02/16/1998 3a. State of Formation FL 4. FEI Number 52-2082670 5. Date of Last Report <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 GERDES, MATTHEW 1616 S.W. PLEASANT LANE PORT ST LUCIE FL 34984		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002860608--7 Suite, Apt. #, etc. -05/03/99--01124--012 City FL Zip Code ****188.75 ****188.75			
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 _____			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGR	GERDES, BRENDA	2800 N.E. ISLAND COVE WAY,		STUART FL	
MGR	GERDES, CLARENCE	2800 N.E. ISLAND COVE WAY,		STUART FL	
MGR	GERDES, MATTHEW	1616 S.W. PLEASANT LANE		PORT ST LUCIE FL	
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. Matthew C. Gerdes					
SIGNATURE: 		4/13/99 (561)343-7148			