

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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FILED
99 AUG 12 PM 1:44
8/12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000000216 LEGAL TAX NEWSLETTER, LC 2189 CLEVELAND STREET, SUITE 210 CLEARWATER FL 33765
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1a. Principal Place of Business Address
2189 CLEVELAND STREET, SUITE CLEARWATER FL 33765

3. Date Organized or Qualified	3a. State of Formation
02/20/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MAYER, GREG 2189 CLEVELAND STREET, SUITE 210 CLEARWATER FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City

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*****38.75
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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MAYER, GREG	2189 CLEVELAND STREET, SUITE 210 CLEARWATER FL 33765	CLEARWATER FL

\$150.00 dep
by AP1

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:  8/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #