


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 20 PM 5:00 SECRETARY OF STATE	
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 VERSANT CONSULTING GROUP, LLC 626 MARSH LANDING PARKWAY, SUITE 175 JACKSONVILLE BEACH FL 32250		DOCUMENT # 19800000304 1a. Principal Place of Business Address 626 MARSH LANDING PARKWAY, S JACKSONVILLE BEACH FL 32250			
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 03/09/1998 3a. State of Formation FL	
				4. FEI Number 59-3501275 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HARKINS, DAVID L 5339 NOBLE CIRCLE NORTH JACKSONVILLE FL 32211			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 908.416 and 908.608, 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 <i>David L Harkins</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when returning)</small>				DATE 4-15-99	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HARKINS, DAVID L	5339 NOBLE CIRCLE NORTH		JACKSONVILLE FL	
MGRM	EDWARDS, JOHNNIE	842 SHORELINE CIRCLE		PONTE VEDRE BEACH FL	
300002864413-3 -05/06/99--01003--013 *****94.38 *****94.38 300002864413-3 -05/06/99--01003--014 *****94.37 *****94.37					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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>David L Harkins</i>		DAVID L HARKINS		4-15-99	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>DATE</small>		<small>Daytime Phone #</small>	