


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) SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 18 AM 10:37	
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 # L98000000417 E-AUDIT, L.C. 1290 EAST OAKLAND PARK BLVD., STE. 200 FT. LAUDERDALE FL 33334 <div style="text-align: right; font-style: italic;">99-AP-EM</div>		1a. Principal Place of Business Address 1290 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334			
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 04/02/1998 4. FEI Number 65-0900607 5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent ULLMAN, WARREN JR. 1290 EAST OAKLAND PARK BLVD., STE. 2 FT. LAUDERDALE FL 33334		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 7000002811127-5 -03/25/99 -01094--005 City ****188.75 ****188.75 <div style="text-align: center;">FL</div>			
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	ULLMAN, H. WARREN JR.	1290 EAST OAKLAND PARK BLVD		FT. LAUDERDALE 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.					
SIGNATURE: _____		<div style="text-align: right;"> 3/10/99 954-772-8805 _____ <small>SIGNATURE AND TITLE OF REGISTERED AGENT OR MANAGING MEMBER OR MEMBER</small> </div>			