


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 09 APR 20 AM 11:32	
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 B & F CONSULTING, L.C. 6620 SOUTHPOINT DRIVE SOUTH, SUITE 200 JACKSONVILLE FL 32216 <i>GG-AR CM</i>		DOCUMENT # L98000000557		1a. Principal Place of Business Address 6620 SOUTHPOINT DRIVE SOUTH, JACKSONVILLE FL 32216	
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 05/04/1998 4. FEI Number 59-3531255 5. Date of Last Report	
				3a. State of Formation FL <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 ZEHMER, JOHN E 6620 SOUTHPOINT DRIVE SOUTH, SUITE 2 JACKSONVILLE FL 32216				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 _____ <small>(Signature of Agent, Approver, Approver, or Other Registered Agent or Approver, as applicable)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BLECHSCHMIDT, GERT	UP DE ZAASTER WISCH 11, D-		BLENDER-VARSTE, GERM	
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: <i>Gert Blechschmidt (GERT BLECHSCHMIDT)</i> 23rd of March 1999 <small>SIGNATURE REQUIRED FOR ALL REGISTRATIONS, EXCEPT FOR THE ANNUAL REPORT FOR LIMITED LIABILITY COMPANIES</small>					