

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 MAY -3 PM 5:00 SECRETARY OF STATE	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L98000000575			
1. Name and Mailing Address of Limited Liability Company NU-WAY II LIMITED COMPANY P.O. BOX 3264 LANTANA FL 33462			1a. Principal Place of Business Address 3525 S. OCEAN BLVD., #306 S. PALM BEACH FL 33480		
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 05/06/1998	
				3a. State of Formation FL	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MARTIN, FRANCES 3525 S. OCEAN BLVD., #306 S. PALM BEACH FL 33480			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 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>(If Registered Agent Accepting Appointment) (If Registered Agent Leaving Office, Please Check)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MARTIN, FRANCES	P.O. BOX 3264		LANTANA FL	
MGR	MARTIN, ANN	3958 S.E. FORT KING STREET		OCALA FL	
*****188.75 *****188.75 					
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. 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>Frances Martin Weir</i>		4/28/99			
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER) DATE</small>					