
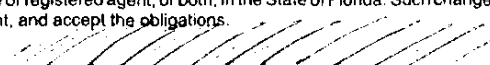


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUN 16 AM 8:38	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1 Name and Mailing Address of Limited Liability Company <b>STP PARTNERS, L.L.C.</b> <b>4621 EMERSON STREET</b> <b>JACKSONVILLE FL 32207</b>		<b>DOCUMENT # L98000000625</b>  1a. Principal Place of Business Address <b>4621 EMERSON STREET</b> <b>JACKSONVILLE FL 32207</b>			
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 <b>05/15/1998</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3512310</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>RIDGE, GEORGE E ESQ.</b> <b>200 WEST FORSYTH STREET, SUITE 1200</b> <b>JACKSONVILLE FL 32202</b>			8. Name and Address of New Registered Agent/Office Name <b>Richard Polisner</b> Street Address (P.O. Box Number is Not Acceptable) <b>249 N. Wind Court</b> Suite, Apt. #, etc. City <b>Ponte Vedra Beach FL</b> Zip Code <b>32082</b>		
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  <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when nonrelating)</small>			DATE <b>4-28-99</b>		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	POLSNER, RICHARD I D.P	249 NORTH WIND COURT		PONTE VEDRA FL	
MGRM	SHIRLEY, PAULE D M.D.	6828 LINFORD LANE		JACKSONVILLE FL	
MGRM	TARBART, WILLIAM	BOX 203626, MARSH LANDING		JACKSONVILLE FL	
				500002911155--1 -06/21/99--01150--003 ****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. 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date