


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

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DIVISION OF CORPORATIONS
90 FEB 25 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company THE MCGUFFIN GROUP, L.C. 3298 SUMMIT BLVD. Suite 28 PENSACOLA FL 32503	DOCUMENT # L98000000783 QA-AR CM
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1a. Principal Place of Business Address 3298 SUMMIT BLVD. PENSACOLA FL 32503
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2. Principal Place of Business 3298 Summit Blvd. Suite, Apt. #, etc. Suite 28 City & State Pensacola FL Zip 32503	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	3. Date Organized or Qualified 06/12/1998	3a. State of Formation FL	4. FEI Number 59-3526258	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 6-12-98	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent HUSTON, GARY W 3 WEST GARDEN STREET, 600 BLOUNT BLD PENSACOLA FL 32501	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
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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 _____
(Registered Agent Accepting Appointment) (MFL Registered Agent Signature required when not changed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MCGUFFIN, THOMAS RANDA	3298 SUMMIT BLVD.	PENSACOLA FL
MEM	MCGUFFIN, CYNTHIA R	4549 BAYBROOK DRIVE	PENSACOLA FL

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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: *Thomas Randa McGuffin* *Cynthia R. McGuffin* 2/24/99 860-432-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR SECRETARY)
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