


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 99 MAR 22 AM 8:00 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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 WILLIS MANAGEMENT GROUP LC P.O. BOX 1474 LONGWOOD FL 32752		DOCUMENT # L98000000926			
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		1a. Principal Place of Business Address C/O S.O.K.C. 301 DOG TRACK ROAD LONGWOOD FL 32753	
3. Date Organized or Qualified 06/30/1998		3a. State of Formation FL		4. FEI Number <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 WILLIS, CHARLES D 339 E. ORANGE AVENUE LONGWOOD FL 32753		8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) 872 Fairview Ave. Suite, Apt. #, etc. City Altamonte Springs FL Zip Code 32701			
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 <u>Charles D. Willis</u> DATE _____ <small>(Registered Agent Accepting Appointment) (Not to be signed by Agent if signature required by statute)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WILLIS, CHARLES D	339 EAST ORANGE AVENUE 872 Fairview Avenue		LONGWOOD FL Altamonte Springs, FL 200002828192- 04/02/99-01032-008 ****188.75 ****188.75 dce	
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: <u>Charles D. Willis</u> 407-772-1812 407-831-2217					