



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	
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 J5M INVESTMENTS, L.C. 400 ST. ANDREWS BLVD. MELBOURNE FL 32940		DOCUMENT # L98000000996 FILED 99 MAR 22 PM 12:06 1a. Principal Place of Business Address 400 ST. ANDREWS BLVD. MELBOURNE FL 32940	
2. Principal Place of Business 400 St. Andrews Blvd. Suite, Apt. #, etc.		2a. Mailing Address 400 St. Andrews Blvd. Suite, Apt. #, etc.	
City & State Melbourne, FL Zip 32940 Country USA		3. Date Organized or Qualified 07/08/1998 3a. State of Formation FL 4. FEI Number 59-3520444 5. Date of Last Report n/a 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FALLACE, JAMES H 1900 SOUTH HICKORY STREET MELBOURNE FL 32901		8. Name and Address of New Registered Agent/Office Name 188.75 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 March 4, 1999	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	IGO, MILES D	400 ST. ANDREWS BLVD.	MELBOURNE FL
MGR	HALEY, MYRA K	400 ST. ANDREWS BLVD.	MELBOURNE FL
MGR	HALEY, JOHN D	400 ST. ANDREWS BLVD.	MELBOURNE 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. 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: 		March 17, 1999 407 242-6210	
INHOUSE 10 R (12-98)			