

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000001008

STILLIE & COMPANY LLC
69 BLACKBERRY CREEK DR
ST CLOUD FL 34769

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent	8. N
WEBSTER, STEPHEN T	Name
69 BLACKBERRY CREEK DR	Street Address (P.
ST CLOUD FL 34769	Suite, Apt #, etc
	City

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) (Not a Registered Agent; separate form required with fee attachment)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEBSTER, STEPHEN T	69 BLACKBERRY CREEK DR	ST CLOUD FL
MGRM	WEBSTER, GILLIAN	69 BLACKBERRY CREEK DR	ST CLOUD 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: Stephen T Webster STEPHEN T WEBSTER 2-18-99 (407) 891-9188

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