


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> MAY -3 PM 1:47 TALLAHASSEE, FLORIDA																	
<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>																			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000001223</b> <b>TRI STAR TITLE, L.C.</b> <b>101 E. TOWN PLACE, SUITE 500</b> <b>ST. AUGUSTINE FL 32095</b>		<b>1a. Principal Place of Business Address</b> <b>101 E. TOWN PLACE, SUITE 500</b> <b>ST. AUGUSTINE FL 32095</b>																			
<b>2. Principal Place of Business</b> Suite, Apt #, etc City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt #, etc City & State Zip Country		<b>3. Date Organized or Qualified</b> <b>07/24/1998</b> <b>3a. State of Formation</b> <b>FL</b> <b>4. FEI Number</b> <b>59-3525699</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>5. Date of Last Report</b> <b>initial filing</b> <b>6. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>																	
<b>7. Name and Address of Current Registered Agent</b> <b>GRAY, LOCKWOOD D</b> <b>201 NORTH FRANKLIN STREET, STE 2100</b> <b>TAMPA FL 33602</b>			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>600002871406</b> Suite, Apt #, etc <b>-05/11/99-01060-014</b> <b>****188.75 ****188.75</b> City <b>FL</b> Zip Code																		
<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.</b>																					
SIGNATURE _____			DATE _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>BLYAR FINANCIAL, INC.</td> <td>14 OFFICE PARK DRIVE, STE</td> <td>PALM COAST FL</td> </tr> <tr> <td>MGRM</td> <td>ECOGROUP, INC.</td> <td>601 BAYSHORE BOULEVARD, ST</td> <td>TAMPA FL</td> </tr> <tr> <td>MGRM</td> <td>ANNIS, MITCHELL, COCKE</td> <td>ONE TAMPA CITY CENTER, SUI</td> <td>TAMPA FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	BLYAR FINANCIAL, INC.	14 OFFICE PARK DRIVE, STE	PALM COAST FL	MGRM	ECOGROUP, INC.	601 BAYSHORE BOULEVARD, ST	TAMPA FL	MGRM	ANNIS, MITCHELL, COCKE	ONE TAMPA CITY CENTER, SUI	TAMPA FL
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<b>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.</b>																					
<b>SIGNATURE:</b> <i>James C. Corrado</i> <span style="float: right;">4/21/99 9044452820</span>																					