

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 25 AM 11:06

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 DOCUMENT # L9800001271 The Client Connection LLC 250 East Drive Suite D Melbourne, FL 32904

1a. Principal Place of Business Address The Client Connection LLC 250 East Drive Suite D Melbourne, FL 32904

2. Principal Place of Business 2835 Ranch Rd. 250 East Drive Rd. Suite, Apt. #, etc. Suite D City & State Melbourne, FL Zip 32904 Country USA	2a. Mailing Address P.O. Box 120335 250 East Drive Suite, Apt. #, etc. Suite D City & State Melbourne, FL Zip 32904 Country USA
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3. Date Organized or Qualified 8/98	3a. State of Formation FL
4. FEI Number 59-3523178	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent Truxton, Gregg S. c/o Bolanos, Truxton & Youngs PA 2121 Ponce De Leon Blvd. Suite 600 Coral Gables, FL 33134 USA
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8. Name and Address of New Registered Agent/Office Name Thomas W. Stratton Street Address (P.O. Box Number is Not Acceptable) Thomas Stratton c/o The Client Connection LLC Suite, Apt. #, etc. 2835 Ranch Rd. 250 East Drive Suite D City Melbourne Zip Code FL 32904

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 Thomas W. Stratton DATE June 21, 1999
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MAN	Thomas W. Stratton	2835 Ranch Road	Melb, FL 32904
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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: Thomas W. Stratton Thomas Stratton 407-723-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER