


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

FILED
May 17 1999 8:00 am
Secretary of State

TALLAHASSEE, FLORIDA

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 DOCUMENT # L98000001485 POWER SERVICES ASSOCIATES, L.L.C. 644 NORTH RIVER DRIVE STUART FL 34994

1a. Principal Place of Business Address 644 NORTH RIVER DRIVE STUART FL 34994

2. Principal Place of Business 644 N. River Dr Suite, Apt. #, etc. City & State STUART, FL Zip 34994 Country USA	2a. Mailing Address 2336 SE OCEAN BLVD 183 Suite, Apt. #, etc. City & State STUART, FL Zip 34994 Country USA
--	--

3. Date Organized or Qualified 08/18/1998	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BEAUCHAIN, RONALD G 644 NORTH RIVER DRIVE STUART FL 34994

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	700002885897--E -05/25/99--01063--020 ***188.75 ***188.75 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. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Registered Agent Signature Required by the State)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BEAUCHAIN, RONALD G	644 NORTH RIVER DRIVE	STUART FL

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: 