
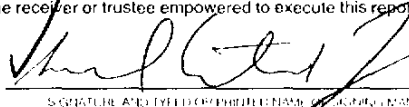


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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		DOCUMENT # L98000001613			
255 LIBERTY STREET, L.L.C. 300 EAST STATE STREET JACKSONVILLE FL 32202		1a. Principal Place of Business Address 300 EAST STATE STREET JACKSONVILLE FL 32202			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/27/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 59-3529910	
Zip		Country		5. Date of Last Report	
Zip		Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
EASTON, SAMUEL M JR. 300 EAST STATE STREET JACKSONVILLE FL 32202				Name 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 _____	
(Registered Agent Accepting Appointment) (SOLE Registered Agent signature required when no other agent)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		EASTON, SAMUEL M JR.		300 EAST STATE STREET	
				JACKSONVILLE FL	
				-03/18/99-01096-023	
				****188.75 ****188.75	
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:		 Samuel M. Easton Jr. 2/27/99 904 376 2228			
SIGNATURE AND TITLE OF OFFICER OR MEMBER OF COMPANY ENTERING INFORMATION					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 17 PM 1:51