


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		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -3 AM 9:04	
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 # L98000001731 CUMMING/MCGILLIVRAY, LLC 4405 VINELAND ROAD, SUITE C-11 ORLANDO FL 32811		1a. Principal Place of Business Address 4405 VINELAND ROAD, SUITE C-11 ORLANDO FL 32811			
2. Principal Place of Business 4405 VINELAND ROAD Suite, Apt. #, etc. SUITE C-11 City & State ORLANDO FL. Zip 32811		2a. Mailing Address Suite, Apt. #, etc. City & State Zip USA		3. Date Organized or Qualified 09/04/1998 4. FEI Number 59-3526606 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MCGILLIVRAY, IAIN 4405 VINELAND ROAD, SUITE C-11 ORLANDO FL 32811		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL			
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 _____ <small>(Required Agent Acceptance) (Required Agent Signature)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FINLAY CUMMING, JAMES	36 GREENSPRING, STE 100		DOVE CANYON CA	
MGR	MCILLIVRAY, IAIN	9217 PINE RIDGE TRAIL		ORLANDO 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:

(Signature of Iain McGillivray)

2/23/99 407-481-0019