

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000001839	
GREENWOODS & ROSSI, LLC 340A BROOKS STREET FORT WALTON BEACH FL 32548		1a. Principal Place of Business Address 340A BROOKS STREET FORT WALTON BEACH FL 32548	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
09/11/1998		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" 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		8. Name and Address of New Registered Agent/Office	
HELMICH, KEVIN M ESQ 155 CRYSTAL BEACH DRIVE SUITE 108 DESTIN FL 32541		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) (NOTE: Registered Agent's Signature is required when effecting change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSSI, DANIEL P	340A BROOKS STREET	FORT WALTON BEACH FL
MGR	GREENWOOD, ALECK T	1340 MIRACLE STRIP PARKWAY	FORT WALTON BEACH FL
		300002868603--5. -05/07/99--01158--004 ****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: Daniel P. Rossi 4-27-99 (850) 243-1966			
SIGNATURE AND TITLE OF OFFERED TO BE OF MANAGED MEMBER OR MANAGER			