

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 FEB 23 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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 # L98000001846**  
**UNITY ADJUSTMENTS, L.L.C.**  
**1714 W. 23RD STREET, SUITE G** *99-AR/US*  
**PANAMA CITY FL 32405-1607**  
*P.O. Box 16075* *CM*

1a. Principal Place of Business Address  
**1714 W. 23RD STREET, SUITE G**  
**PANAMA CITY FL 32405**

2. Principal Place of Business <b>1714 W. 23RD STREET</b> Suite, Apt. #, etc. <b>SUITE "G"</b> City & State <b>PANAMA CITY, FLORIDA</b> Zip <b>32405-1607</b>	2a. Mailing Address <b>P.O. Box 16075</b> Suite, Apt. #, etc. City & State <b>PANAMA CITY, FLORIDA</b> Zip <b>32405-1607</b> Country <b>BAY</b>
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3. Date Organized or Qualified <b>09/14/1998</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>59-3535182</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>NEW LLC N OF 9/14/98</b>	6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent  
**ROMERO, PETER**  
**1714 W. 23RD STREET, SUITE G**  
**PANAMA CITY FL 32405-1607**  
*P.O. Box 16075*

8. Name and Address of New Registered Agent/Office  
Name  
**PETER ROMERO**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 16075**  
Suite, Apt. #, etc.  
**1714 W. 23RD STREET, SUITE "G"**  
City  
**PANAMA CITY** Zip Code  
**FL 32405-1607**

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 *Peter Romero* DATE **2-17-99**

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROMERO, <del>ROBERT</del> PETER	<i>P.O. Box 16075</i> <b>1714 W. 23RD STREET, SUITE</b>	<b>PANAMA CITY FL</b> <b>32405-1607</b>

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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: *Peter Romero* **2-17-99** **850-896-7792**