LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						SECONTARY OF CLATE DIVIDION OF CULTO VATIONS 99 MAR - 1 AM ID: 36			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE]			
1. Name a		UMENT		_===					
2	THOMPSON & BRADF 2605 MAITLAND CE MAITLAND FL 3275	NTER PA		STE	4-Alus	1a. Principal Place 2605 MA MAITLAN	ITLAND	CENT	ER PARKWAY
2 Principal Place of Business 2a. Mailir			ng Address			3. Date Organized	for Qualified	3a. Stat	e of Formation
Suite, Apt. #, etc. Suite, A			pt. #, etc.			09/14/1	998	FL	
			Poto.			4. FEI Number			Applied For
City & State		City & Sta	City & State			5. Date of Last Re			Not Applicable
Zip	Country	Zip		Count	ry	5. Date of Last He	pon		date of Status Desired
	7. Name and Address of Curr	ent Registered	Agent		В.	Name and Address	of New Regi	stered Age	nt/Office
its register	nt to the provisions of Sections 608.4 ed office or registered agent, or both, in red agent, and accept the obligations RE	the State of Flo	rida. Such char	ige was a	City bove-named limited uithorized by affirmates Street Address	ative vote of a majority ()	of the membe	Zip Cod- lement for the state of the state o	ne purpose of changing accept the appointment
MGRM	RM THOMPSON, PAUL M			MAIT	LAND CEN	TER PARKW	MAITI	AND E	'L
MGRM	BRADFORD, RUTLE	TER PARKW	ITIAM	AND E	rL				
						~r	101010 -03/ ***	280 11799 *197.5	3122
indicated of limited liab attachmen	reby certify that the information supplies on this annual report is true and accurbility company or the receiver or trustent with an address	ate and that my seempowered to	signature shall execute this re	have the eport as re	same legal effect a equired by Chapter	s if made under oath, 608, Florida Statutes	that I am a m ; and that my	anaging me name appe	mber or manager of the