
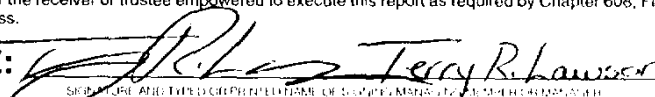


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002010 CENTRAL FLORIDA CONSTRUCTION MANAGEMENT, INC. 443 BEAUREGARD AVENUE, NORTHEAST PALM BAY FL 32907				1a. Principal Place of Business Address 443 BEAUREGARD AVENUE, NORTH PALM BAY FL 32907	
2. Principal Place of Business Same		2a. Mailing Address Same		3. Date Organized or Qualified 09/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 59-3519898	
Zip		Zip		5. Date of Last Report N/A	
Country		Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent LAWSON, TERRY 443 BEAUREGARD AVENUE, NORTHEAST PALM BAY FL 32907				8. Name and Address of New Registered Agent/Office 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	LAWSON, TERRY	443 BEAUREGARD AVENUE, NOR		PALM BAY FL	
100002853581--2 --04/27/99--01069--008 ****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:  4-17-99 40760-956					