
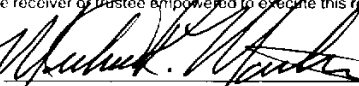


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 SEP 13 PM 1:45	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002041		1a. Principal Place of Business Address	
IKON INSURANCE GROUP, L.L.C. 1101 30TH STREET N.W., SUITE 220 WASHINGTON DC 20007				1101 30TH STREET N.W., SUITE WASHINGTON DC 20007	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
State, Apt. #, etc.		Suite, Apt. #, etc.		09/29/1998	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SCHOENWALDER, TIMOTHY G ESQ. HOPPING GREEN SAMS & SMITH, P.A. 123 SOUTH CALHOUN STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		400002989514 -09/17/99--01037--001 ****588.75 ****588.75 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 _____					
(Not Registered Agent Signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	RAAB, WILLIAM VON	1101 30TH STREET N.W., SUI		WASHINGTON DC	
MGR	MARTENS, MICHAEL	2809 MORNING GLORY LANE		DAVIE FL	
MGR	STUCKY, EDWARD	1101 30TH STREET N.W., SUI		WASHINGTON DC	
AL					
11. I 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 furnished 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:  MICHAEL R. MARTENS 9-9-99 954-493-807					
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING MANAGING MEMBER OR MANAGER					