


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 16 AM 11:05

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000002101</b>  NCG, LLC 1109 Old Okachobee Rd. # 11 WPB, FL 33401
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1a. Principal Place of Business Address 1109 Old Okachobee Rd. Suite 11 WPB, FL 33401
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2 Principal Place of Business 1109 Old Okachobee Rd. Suite, Apt. #, etc. 11 City & State WPB, FLORIDA Zip 33401	2a. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME	3. Date Organized or Qualified 10/5/98	3a. State of Formation FLORIDA
Country USA	Country SAME	4. FEI Number 65-0874284	<input type="checkbox"/> Applied For <input 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 TRU NGUYEN 12985 TANGERINE BLVD. LOXAHATCHEE, FL 33470	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
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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 By: Tru Nguyen, AS MANAGER DATE 6/14/99  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MAN. /	TRU NGUYEN	1109 Old Okachobee Rd.	WPB, FL 33401
NON-MEM		Suite 11	
MEM.	NAI NGUYEN	" "	" "
			800002922698--4 -07/02/99--01030--001 ****188.75 ****188.75
			JUN 25 1999

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: By: Tru Nguyen, AS MANAGER 6/14/99 (561) 803-5351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER