
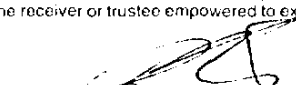


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 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 DINNES & PARTNERS, L.C. 1203 WHITEHEART AVENUE MARCO ISLAND FL 34145		DOCUMENT # L98000002152 1a. Principal Place of Business Address 1203 WHITEHEART AVENUE MARCO ISLAND FL 34145	
2. Principal Place of Business 1203 Whiteheart Avenue Suite, Apt. #, etc. City & State Marco Island, FL Zip Country 34145 USA		2a. Mailing Address 1203 Whiteheart Avenue Suite, Apt. #, etc. City & State Marco Island, FL Zip Country 34145 USA	
3. Date Organized or Qualified 10/07/1998		3a. State of Formation FL	
4. FEI Number 1000002882629		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CHEFFY, JANE YEAGER 2375 TAMiami TRAIL NORTH, SUITE 310 NAPLES FL 34103		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HAUBER, ROLAND	1203 WHITEHEART AVENUE	MARCO ISLAND FL
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:  4-19-99			