


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		FILED 99 MAR 29 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		DOCUMENT # L98000002227				1a. Principal Place of Business Address	
LINNY CONNER CONSULTING, LC 165 SABEL LANE MULBERRY FL 33860						165 SABEL LANE MULBERRY FL 33860	
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified		3a. State of Formation	
Home @ Conner Mulberry, FLA 33680		165 Sabel Lane USA		10/12/1998		FL	
City & State Zip		City & State Zip		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				59-3539416			
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		5. Date of Last Report		6. Certificate of Status Desired	
CONNER, LINWOOD A JR. 165 SABEL LANE MULBERRY FL 33860		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code				8875 Additional Fee Required <input type="checkbox"/>	
		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 _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature is required when filing a report)							
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM		CONNER, LINWOOD A JR.		165 SABEL LANE		MULBERRY FL	
MGRM		CONNER, JUDY A		165 SABEL LANE		MULBERRY FL	
						500002882385---0 -04/07/99--01085--001 ****188.00 ****188.00 ccc	
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: LINWOOD A CONNER <i>Linwood A Conner</i> 2/25/99 944-86A-8057							