

**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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**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 #** L98000002228

INNOVATIVE FAX SOLUTIONS, L.L.C.  
904 DORIA WAY  
MELBOURNE FL 32940

2 Principal Place of Business 904 DORIA WAY Suite, Apt. #, etc.	2a. Mailing Address 904 DORIA WAY Suite, Apt. #, etc.	3. Date Organized or Qualified 10/12/1998	3a. State of Formation FL
City & State MELBOURNE FL Zip 32940 Country	City & State MELBOURNE FL Zip 32940 Country	4. FEI Number 59-3539620	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report		6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent DUMSTORF, GEORGE W 904 DORIA WAY MELBOURNE FL 32940	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Requesting Agent Accepting Appointment) (DATE) Requested Agent signature to print when filed on

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BURNS, DOUGLAS S	1561 BRONCO DR.	MELBOURNE FL
MGRM	BURNS, IMOGENE S	1561 BRONCO DR	MELBOURNE FL
MGRM	DUMSTORF, GEORGE W	904 DORIA WAY	MELBOURNE FL
MGRM	DUMSTORF, STEPHANIE S	904 DORIA WAY	MELBOURNE 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: *George S. Burns* 4/15/99 407-240-6777  
SIGNATURE AND TYPE OR PRINTED NAME OF CHIEF/PRINCIPAL MEMBER/MANAGER/ATTORNEY  
Date  
Filing Phone #