


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		MAY 11 1999 5:00 PM									
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 # L98000002274 DESILVA REPORTING L.L.C. 1216 N.E. OCEANVIEW CIRCLE JENSEN BEACH FL 34957		1a. Principal Place of Business Address 1216 N.E. OCEANVIEW CIRCLE JENSEN BEACH FL 34957											
2. Principal Place of Business Same as block 1 Suite, Apt. #, etc.		2a. Mailing Address Same Suite, Apt. #, etc.		3. Date Organized or Qualified 10/14/1998									
City & State		City & State		3a. State of Formation FL									
Zip		Country		4. FEI Number 05-0868966									
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
7. Name and Address of Current Registered Agent CORPORATE CREATIONS , ENTERPRISES IN 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418			8. Name and Address of New Registered Agent/Office Name: N/A Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code: 33418										
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when making change)</small>			DATE _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>DESILVA, DEBORAH</td> <td>1216 N.E. OCEANVIEW CIRCLE</td> <td>JENSEN BEACH FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	DESILVA, DEBORAH	1216 N.E. OCEANVIEW CIRCLE	JENSEN BEACH FL
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5000012789075--0 -02/26/99--01094--004 ****188.75 ****188.75													
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: <u>Deborah M. Silva</u> 2-19-99 561 225-6837													