


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 24 AM 10:37	
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 WOLFF, HILL, MCFARLIN & HERRON, L.L.C. 1851 W. COLONIAL DRIVE ORLANDO FL 32804		DOCUMENT # L98000002278 <div style="text-align: right; font-size: 1.2em;">99-AR CM</div>		1a. Principal Place of Business Address 1851 W. COLONIAL DRIVE ORLANDO FL 32804	
2. Principal Place of Business 1851 W. COLONIAL DR. Suite, Apt. #, etc.		2a. Mailing Address 1851 W. COLONIAL DR. Suite, Apt. #, etc.		3. Date Organized or Qualified 10/16/1998	
City & State ORLANDO, FL		City & State ORLANDO, FL		3a. State of Formation FL	
Zip 32804 Country U.S.A.		Zip 32804 Country U.S.A.		4. FEI Number 59-3537136	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent HILL, PETER N 1851 W. COLONIAL DRIVE ORLANDO FL 32804			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		
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 reappointing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WOLFF, FRANK M	1851 W. COLONIAL DRIVE		ORLANDO FL	
MGRM	HILL, PETER N	1851 W. COLONIAL DRIVE		ORLANDO FL	
MGRM	MCFARLIN, DAVID R	1851 W. COLONIAL DRIVE		ORLANDO FL	
MGRM	HERRON, KENNETH D JR.	1851 W. COLONIAL DRIVE		ORLANDO FL	
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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: _____ <div style="text-align: right; font-size: 1.2em;">3-18-99 107-648-0058</div>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			