


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 92 APR -9 PM 5:00 SECRETARY OF STATE	
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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DOCUMENT #</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">L98000002290</div>		1a. Principal Place of Business Address <div style="text-align: center; font-weight: bold; font-size: 1.2em;">537 EAST PARK AVENUE TALLAHASSEE FL 32301</div>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <div style="text-align: center; font-weight: bold; font-size: 1.2em;">10/16/1998</div>	
				3a. State of Formation <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
				4. FEI Number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">100002842431</div>	
				5. Date of Last Report <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div>	
				6. Certificate of Status Desired <div style="text-align: right;">\$8.75 Additional Fee Required <input type="checkbox"/></div>	
7. Name and Address of Current Registered Agent <div style="text-align: center; font-weight: bold; font-size: 1.2em;">UNDERWOOD, ROBERT L 537 EAST PARK AVENUE TALLAHASSEE FL 32301</div>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">100002842431</div> Suite, Apt. #, etc. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">-04716/99 -01086-005</div> City <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">****188.75</div>		
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 _____		
<small>(Registered Agent Accepting Appointment) (If Not Registered Agent, sign as representative of member or partner)</small>					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	FAIRCHILD & ASSOCIATES	467 TIMBER RIDGE DRIVE	LONGWOOD FL		
T.J.C. APR 15 1999					
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-weight: bold; font-size: 1.2em;">38-99 407-774-8396</div>			