
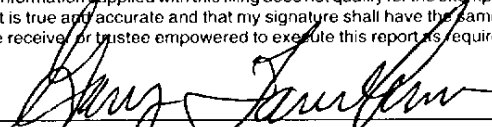


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #</b> L98000002306  D & F ACQUISITION & VENTURES, L.C. 3400 SILVER STAR ROAD ORLANDO FL 32808		1a. Principal Place of Business Address  3400 SILVER STAR ROAD ORLANDO FL 32808	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address 8812 South Bay Dr. Suite, Apt. #, etc.  City & State Orlando, FL Zip 32819	
Country USA		3. Date Organized or Qualified 10/19/1998 3a. State of Formation FL 4. FEI Number 59-3539996 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  DECUBELLIS, DANIEL L ESQ. 255 SOUTH ORANGE AVE., SUITE 801 ORLANDO FL 32801		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 not a natural person)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DOUGHERTY, JOHN	1730 DIPLOMACY ROW	ORLANDO FL
MGRM	FAULKNER, GARY	3400 SILVER STAR ROAD	ORLANDO 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: 		407 888-8353	