
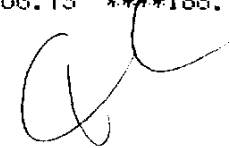
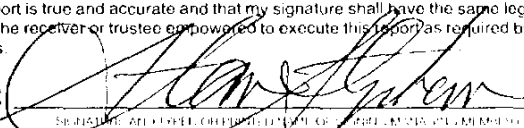


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  APR 20 PM 5:00  SECRETARY OF STATE TALLAHASSEE, FLORIDA													
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>															
<b>1. Name and Mailing Address of Limited Liability Company</b> <div style="text-align: right; font-weight: bold;">DOCUMENT #</div> <div style="text-align: right;">L98000002389</div>		<b>1a. Principal Place of Business Address</b> 347 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114															
<b>2. Principal Place of Business</b> 1425 South Ridgewood Ave Suite, Apt. #, etc.  City & State Holly Hill FL Zip 32117		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country USA		<b>3. Date Organized or Qualified</b> 10/23/1998 <b>3a. State of Formation</b> FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
<b>7. Name and Address of Current Registered Agent</b> ABRAHAM, ROBERT 347 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code															
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															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>MGRM</td> <td>STEPHENS, STANLEY</td> <td>340 BARDOLIER</td> <td>ALPHARETTA GA</td> </tr> <tr> <td>MGRM</td> <td>BROUSSARD, BRUCE</td> <td>10230 BELLADRUM</td> <td>ALPHARETTA GA</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	STEPHENS, STANLEY	340 BARDOLIER	ALPHARETTA GA	MGRM	BROUSSARD, BRUCE	10230 BELLADRUM	ALPHARETTA GA
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7000002854037-8 -04/27/99--01083--019 ****188.75 ****188.75 																	
<b>11</b> 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.																	
<b>SIGNATURE:</b>  Stanley Stephens 2/26/99 772 237 0494																	