

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		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> L98000002421	
GREGORY W. STONER, L.C. 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801		1a. Principal Place of Business Address  200 EAST ROBINSON STREET, SU ORLANDO FL 32801	
2. Principal Place of Business		3a. State of Formation	
Suite, Apt. #, etc.		FL	
City & State		3. Date Organized or Qualified 10/27/1998	
Zip		4. FEI Number	
Country		5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET, SUITE 500 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	
		Zip Code	
		FL	
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	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STONER, GREGORY W	200 E. ROBINSON ST., SUITE 500 1519 LITCHER ROAD	Orlando, FL APOKA FL 32801
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: Gregory W. Stoner		4/27/99 (407)843-4900	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	