
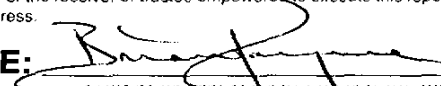


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 1:30	
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 BRIAN A. PAYNE L.L.C. 13016 PLANTATION PARK CIRCLE, APT. #1133 ORLANDO FL 32821				DOCUMENT # L98000002610			
2 Principal Place of Business 13016 Plantation Park Circle Suite, Apt. #, etc. Apt. # 1133 City & State Orlando, FL Zip 32821				2a. Mailing Address 13016 Plantation Park Circle Suite, Apt. #, etc. Apt # 1133 City & State Orlando, FL Zip 32821		3a. State of Formation FL	
3. Date Organized or Qualified 11/01/1998				4. FET Number 59-3540229		5. Date of Last Report N/A	
6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
7. Name and Address of Current Registered Agent PAYNE, BRIAN A 13016 PLANTATION PARK CIRCLE, #1133 ORLANDO FL 32821				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			
				188.75 500002819155 -03/26/99--01005--012 ****188.75 ****188.75 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 _____			
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	PAYNE, BRIAN A	13016 PLANTATION PARK CIRC		ORLANDO FL			
dce							
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: 				3/17/99		407-827-7339	
<small>SIGNATURE AND CHECK OR PRINTED NAME OF SHARED, MANAGING MEMBER OR MANAGER</small>							