


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 MAY -3 PM 12:55 TALLAHASSEE, FLORIDA	
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 DOCUMENT # L98000002699 GULF COAST SECURITY AND SOUND, L.C. 209 STATE STREET OLDSMAR FL 34677		1a. Principal Place of Business Address 209 STATE STREET OLDSMAR FL 34677			
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 11/01/1998 4. FEI Number 59-3543203 5. Date of Last Report 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FONTES, DAVID A 209 STATE STREET OLDSMAR FL 34677			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) (FIDLE Registered Agent Signature required for certain filings)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	UNITED MED INVESTMENTS	209 STATE STREET		OLDSMAR FL	
MGRM	GULF COAST MEDICAL, IN	209 STATE STREET		OLDSMAR FL	
MGRM	KELLEY, PATRICK	1812 RICHARD ERVIN PKWY.		TARPON SPRINGS FL	
5-10-99					
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: <i>Patrick Kelly</i>		PATRICK KELLY 42699 E/B 855 1557 manager			