



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 \$ 188.75</b> <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 # L98000002736</b>  CONSTRUCTION CONSULTING GROUP LLC 660 SOUTHPOINTE COURT #110 COLORADO SPRINGS CO 80906		1a. Principal Place of Business Address  660 SOUTHPOINTE COURT #110 COLORADO SPRINGS CO 80906	
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  11/17/1998	3a. State of Formation  FL
		4. FEI Number  58-2425491	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  N/A	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent  RAPPOPORT, ADI ESQ. AUGUST & KULUNAS, P.A. 250 AUSTRALIAN AVENUE, SUITE 1100 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.      80000027360003  City      02/26/99-01/09-023 *FL 88/75 ***188.75	
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 first filing)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RIEGER, JOHN R	660 SOUTHPOINTE COURT #110	COLORADO SPRINGS CO
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: 		John R. Rieger      2-18-99 (719) 579-6750	