2 <sup>nd</sup> and FINAL NOTIO	Fite on or before Se	pt. 29, 1999 or Lim	Ited Liab	oility Com	pany				. 1
LIMITED LIABILITY COMPANY ANNUAL REPORT  FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State						FILED 10/21			
1999 DIVISION OF CORPORATIONS						99 OCT 12 PM 1: 41			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY UN STATE Tallahassee Fl <b>orida</b>			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002870									OEE I LUNION
WESTPHAL, LLC  §726 BRENTFORD ROAD  SARASOTA FL 34241						1a. Principal Place of Business Address  6726 BRENTFORD ROAD SARASOTA FL 34241			
2 Principal Place			3. Date Organized or Qualified 3a. State of I				f Formation		
6726 B	KENTFORD RI	Suite, Apt. #, etc.	SAME			11/18/1998 4. FEI Number		FL	
		· ·				4. FEI Number		]	Applied For
City & State	SATA FL	City & State 5A	SAME						Not Applicable
71p Country Zip Zip SAIZASO TA			SAME			5. Date of Last Report		6. Certificate of Status Desired Sh /o Additional Fee Required	
7.	Name and Address of Current	Registered Agent		Name	8. 1	iame and Addres	s of New Regis	tered Agent/	Office
WESTPHAL, CHRISTOPHER									
6726 BRENTFORD ROAD SARASOTA FL 34241					dress (P	P.O. Box Number is Not Acceptable) 6000030231462			
D111415011	34241		Suite, Apt. #, etc.						
	City			Zip Code					
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 _	Appointment (NOTE Flegistered	Agent signatur	re required when	reinslating	DATE 10-14-99			-99	
10. Title	<u> </u>			Business Street Address			City, State and Zip Code		
MGRM WES	M WESTPHAL, CHRIS 6726 BR			NTFORD ROAD			SARASOTA FL		
MGRM HE	M HEILLE, DIANE 6726 BI			INTFORD ROAD			SARASOTA FL		
}									
•									
-							<u> </u>		
indicated on this ai	tify that the information supplied winnual report is true and accurate an apany or the receiver or trustee error address.	and that my signature sha	li have the	e legal emaa	ffect as	if made under oath	n; that I am a mar	naging membe	or or manager of the

SIGNATURE: Chieft West CHIES WE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER