


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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 20 AM 11:32

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company GEZIK/INDIA L.L.C. 537 EAST PARK AVENUE TALLAHASSEE FL 32301	DOCUMENT # L98000002896 GG AB CW
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1a. Principal Place of Business Address 537 EAST PARK AVENUE TALLAHASSEE FL 32301

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 11/19/1998 4. FEI Number 597138565 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 \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent UNDERWOOD, ROBERT L 537 EAST PARK AVENUE TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 James F. Gezik DATE 4/15/99
(Registered Agent Accepting Appointment) (2018: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GEZIK, JAMES F	7910 LEIGHTON CIRCLE 5561 US HIGHWAY 1 S.	NEW PORT RICHEY FL ROCKLEDGE, FL 32955

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: James F. Gezik 4/15/99
Secretary of State, Division of Corporations, 1000 North G Street, Tallahassee, Florida 32301-2900