


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

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 DOCUMENT # L98000002963 IVY'S RISKY BUSINESS, L.L.C. C/O JOHN C. IVERSON 19900 BEACH ROAD #402 TEQUESTA FL 33469

1a. Principal Place of Business Address C/O JOHN C. IVERSON 19900 BEACH ROAD #402 TEQUESTA FL 33469

2. Principal Place of Business 476 MARINER DRIVE Suite, Apt. #, etc.	2a. Mailing Address 476 MARINER DRIVE Suite, Apt. #, etc.
City & State JUPITER FL	City & State JUPITER, FL
Zip 33477 Country USA	Zip 33477 Country USA

3. Date Organized or Qualified 11/23/1998	3a. State of Formation FL
4. FEI Number N/A (see attached)	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent IVERSON, JOHN C 19900 BEACH ROAD #402 TEQUESTA FL 33469

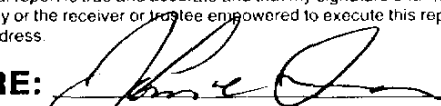
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 476 MARINER DRIVE Suite, Apt. #, etc. City JUPITER Zip Code FL 33477

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 _____
(The registered agent is not required to sign this statement.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	IVERSON, JOHN C	19900 BEACH ROAD #402	TEQUESTA FL

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:  3/22/99 (SW) 745-885