


2nd and **File on or before Sept. 29, 1999 or Limited Liability Company**
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000003026
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WORDEN FINANCIAL SERVICES, LLC
16521 SAN CARLOS BOULEVARD
FORT MYERS FL 33908

FILED
99 NOV -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

16521 SAN CARLOS BOULEVARD
FORT MYERS FL 33908

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/04/1998	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0890271	
		5. Date of Last Report	6. Certificate of Status Desired
			<input type="checkbox"/> Not Applicable

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WORDEN, THOMAS E 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL
	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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WORDEN, THOMAS E	16521 SAN CARLOS BOULEVARD	FORT MYERS FL

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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:  **KEVIN McMICHAEL** 9/22/99 941-466-7594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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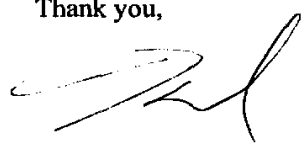
October 11, 1999

Florida Department of State

Here is our state-filing fee for Worden Financial Services, LLC. This is the second time I have notified you that we never received the first notice to file our Limited Liability Company Annual Report. I have been waiting on your decision to wave the \$400.00 late fee since it is after the due date I am sending you the full amount of \$588.75 and will wait for your decision concerning our not receiving the first notice which you state was sent to us.

You can contact me at 941-466-7594.

Thank you,



Kevin McMichael