


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

99 APR -7 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 THE CONNEXUS RESOURCE, L.L.C. 8611 VILLA POINT, #1233 ORLANDO FL 32810	DOCUMENT # L98000003263
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1a. Principal Place of Business Address 8611 VILLA POINT, #1233 ORLANDO FL 32810
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 380 SOUTH SR. 434 Suite, Apt. #, etc. STE 1004-310 City & State ALXANDRIA SPRINGS, FL Zip Country 32274 USA
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3. Date Organized or Qualified 12/11/1998	3a. State of Formation FL
4. FET Number 59-3551340	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent BRADFORD, SHANNON 8611 VILLA POINT, #1233 ORLANDO FL 32810
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing this statement)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BRADFORD, SHANNON	8611 VILLA POINT, #1233	ORLANDO FL

9110002842269-0
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 ****197.50 ****197.50

4-14-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Shannon Bradford* SHANNON BRADFORD 4-5-99 402639-0562
SIGNATURE AND FILING FEE OF MANAGING MEMBER OR MEMBER EMPLOYED BY THE COMPANY