




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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 02 APR 19 PM 5:00 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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000003441		1a. Principal Place of Business Address	
IAK FLORIDA CONSULTING, L.L.C. 838 PERRINE CT. MARCO ISLAND FL 34145				838 PERRINE CT. MARCO ISLAND FL 34145	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
838 PERRINE COURT		838 PERRINE CT		12/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				FL	
City & State		City & State		4. FEI Number	
MARCO ISLAND FL		MARCO ISLAND FL		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Zip		5. Date of Last Report	
34145		34145		6. Certificate of Status Desired	
Country		Country		S8 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146			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 Not Statutory)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KERNER, MICHAEL	838 PERRINE CT.		MARCO ISLAND FL	
				300002848503--2 -04/23/99--01004--012 ****188.75 ****188.75 	
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:  MANAGING MEMBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 05 09 99 / 0149 3036 516 97 Date Daytime Phone #					