
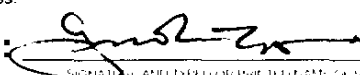


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 3: 10 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 SUNBELT PLACEMENT SERVICES LLC 940 COUNTRY CLUB BOULEVARD P.O. BOX 151399 CAPE CORAL FL 33990		DOCUMENT # L98000003448		1a. Principal Place of Business Address 940 COUNTRY CLUB BOULEVARD P.O. BOX 151399 CAPE CORAL FL 33990	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 120 Albany Street 8th Floor New Brunswick, NJ Zip 08901		3. Date Organized or Qualified 12/28/1998 3a. State of Formation FL 4. FEI Number 65-0885364 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		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 CORPORATION SERVICE , COMPANY 1201 HAYS STREET 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		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when forming a corporation)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ZOFFINGER, GEORGE	120 ALBANY STREET PLAZA, 8		NEW BRUNSWICK NJ	
<p><i>Handwritten:</i> 3-25-99</p>					
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:  George Zoffinger 3/16/99 732-843-4074					