
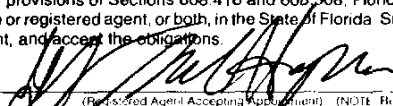




File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		FILED 99 MAY -6 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000003451</b>  INK MI AGAIN, LLC 11015-A NORTH DALE MABRY HIGHWAY TAMPA FL 33618		1a. Principal Place of Business Address  11015-A NORTH DALE MABRY HIG TAMPA FL 33618	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	3. Date Organized or Qualified 12/23/1998	3a. State of Formation FL
		4. FEI Number 59-3568388	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent  HODGES, GEOFFREY T ESQ. 400 NORTH TAMPA STREET, SUITE 2630 TAMPA FL 33602		8. Name and Address of New Registered Agent/Office  Name KIM M SCHWENCKE Street Address (P.O. Box Number is Not Acceptable) 11015 N. DALE MABRY Hwy Suite, Apt. #, etc.  City Tampa FL Zip Code 33618	
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 4/30/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when renounced)			
10. Title Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM SCHWENCKE, KIM M	11015-A NORTH DALE MABRY H	TAMPA FL  500002874665--4 -05/13/99--01112--019 ****188.75 ****188.75   4/20/99	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  4/20/99 813 269-0899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Kim M. Schwenske			