


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 30 PM 4: 20

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 PERSONAL HISTORIES, L.L.C. 6464 JUSTIN GRANT TRAIL TALLAHASSEE FL 32308	DOCUMENT # L99000000011
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1a. Principal Place of Business Address 6464 JUSTIN GRANT TRAIL TALLAHASSEE FL 32308
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2. Principal Place of Business 6464 JUSTIN GRANT TRAIL Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Organized or Qualified 12/31/1998	3a. State of Formation FL
City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent FOWLER, PAUL B 6464 JUSTIN GRANT TR. TALLAHASSEE FL 32308	8. Name and Address of New Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) (R-31) (Registered Agent Signature Required When Applicable)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FOWLER, MARY E	6464 JUSTIN GRANT TRAIL	TALLAHASSEE FL
MGRM	FOWLER, PAUL B	6464 JUSTIN GRANT TRAIL	TALLAHASSEE FL

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****188.75 ****188.75
dcc

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: *Mary E Fowler* 4-30-99 (8:50) 309-0853