
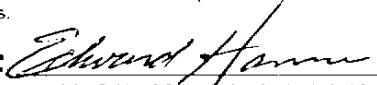


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 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 # L99000000114		1a. Principal Place of Business Address	
HANNA CONSULTING, L.L.C. 5276-1 CHASE DRIVE BOX 64 FERNANDINA BEACH FL 32034		99-AR CM		5276-1 CHASE DRIVE BOX 64 FERNANDINA BEACH FL 32034	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1998	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				52-2146374	
				5. Date of Last Report	
				N/A	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Name and Address of Current Registered Agent	
				HANNA, EDWARD 5261-CHASE DRIVE BOX 64 FERNANDINA BEACH FL 32034	
				8. Name and Address of New Registered Agent/Office	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				300002826163--1 04/01/99--01042--023 ****188.75 ****188.75 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when re-registering)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HANNA, EDWARD	5276-1 CHASE DRIVE, BOX 16		FERNANDINA BEACH FL	
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:  EDWARD HANNA 3/19/99 904 277 7158 SIGNATURE AND TITLE OF OFFICIAL OF SIGNING MANAGING MEMBER OR MANAGER					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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