


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 SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR -5 AM 11:28	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000046</b>  GROUPWORX, L.L.C., L.C. 99-AR 4250 ALAFAYA TRAIL CM SUITE 212-409 OVIEDO FL 32765				1a. Principal Place of Business Address  4250 ALAFAYA TRAIL SUITE 212-409 OVIEDO FL 32765	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 02/21/1995  4. FEI Number 59-3297316  5. Date of Last Report 04/10/1998	
				3a. State of Formation DE  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  HONGO, ELLEN 4250 ALAFAYA TRAIL, SUITE 212-409 OVIEDO FL 32765				8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 700002842597--E Suite, Apt. #, etc. -04/18/99--01091--014 City ****188.75 Zip Code ****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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required for Limited Liability Company)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	HONGO, ELLEN	4250 ALAFAYA TRAIL, SUITE		OVIEDO FL	
M	STONE, GORDON	4250 ALAFAYA TRAIL, SUITE		OVIEDO 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:   
\_\_\_\_\_  
Signature Required for Printed Name of Signing Managing Member or Manager