


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>CONSULTATION &amp; MEDIATION SERVICES, L.L.C. 5161 CEDAR HAMMOCK DR. SARASOTA FL 34232</b>		<b>DOCUMENT # M95000000283</b>  1a. Principal Place of Business Address <b>5161 CEDAR HAMMOCK DR. SARASOTA FL 34232</b> <i>MWD</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address <b>P.O. Box 32132 Sarasota, Florida 34238 USA</b>  3. Date Organized or Qualified <b>09/26/1995</b>  3a. State of Formation <b>DE</b>  4. FET Number <b>59-3327373</b>  5. Date of Last Report <b>04/29/1996</b>  6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>NEELEY, TERRY B 5161 CEDAR HAMMOCK DR. SARASOTA FL 34232</b>		8. Name and Address of New Registered Agent  Name <b>Wright, Mark N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>677 N. Washington Blvd.</b> Suite, Apt. #, etc.  City <b>Sarasota</b> Zip Code <b>FL 34236</b>	
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 <i>M. N. Wright</i> DATE <b>4/25/97</b> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NEELEY, TERRY B	5161 CEDAR HAMMOCK DR., PO	SARASOTA FL, 34232
			600002167436--5 -05/06/97--01072--001 ****212.50 ****212.50
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. <b>TERRY B. NEELEY</b> SIGNATURE: <i>Terry B. Neeley</i> DATE <b>4/25/97</b> (941) 871-6938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #</small>			