


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -5 PM 12:26	
FILING FEE \$ 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 CONSULTATION & MEDIATION SERVICES, L.L.C. P O BOX 32132 SARASOTA FL 34238		DOCUMENT # M95000000283		903/9 1a. Principal Place of Business Address 5161 CEDAR HAMMOCK DR. SARASOTA FL 34232	
2. Principal Place of Business 5899 WHITFIELD AVE. Suite, Apt. #, etc. 204 City & State SARASOTA, FL Zip 34243 Country MANATEE		2a. Mailing Address 5899 WHITFIELD AVE. Suite, Apt. #, etc. 204 City & State SARASOTA, FL Zip 34243 Country MANATEE		3. Date Organized or Qualified 09/26/1995 3a. State of Formation DE 4. FEI Number 59-3327373 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 04/28/1997 6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent WRIGHT, MARK N 677 N. WASHINGTON BLVD SARASOTA FL 34236		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 5899 Whitfield Ave. Suite, Apt. #, etc. 204 City SARASOTA FL Zip Code 34243			
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 <u>M. N. Wright</u> DATE <u>3/6/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGAM	WRIGHT, MARK N.	5899 WHITFIELD AVE., STE. 204, SARASOTA, FL 34243		3	
MORM	NEBLEY, PERRY B	5161 CEDAR HAMMOCK DR., PO		SARASOTA FL (DEC 24, 1997)	
				000002452190--8 -03/10/98--01047--007 ****197.50 ****197.50	

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.

SIGNATURE: M. N. Wright 3/6/98 941-358-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #