

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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 DIVISION OF CORPORATIONS
 50 MAY - 3 PM 12: 02

FILING FEE \$ 188.75 **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

with 5/7

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000058**
 TAYLOR BALL, L.C.
 5000 WESTOWN PARKWAY, #200
 DES MOINES IA 50266

1a. Principal Place of Business Address
 5000 WESTOWN PARKWAY, #200
 DES MOINES IA 50266

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
02/27/1996	IA
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
42-1449107	
5. Date of Last Report	6. Certificate of Status Desired
03/25/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ Zip Code _____
FL

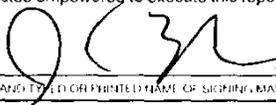
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Not) (Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TAYLOR, JACK P	5000 WESTOWN PARKWAY, SUITE	DES MOINES IA
MGRM	BALL, DARRELL C	5000 WESTOWN PARKWAY, SUITE	DES MOINES IA

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 ****188.75 ****188.75

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:  **Jack P. Taylor, Secretary** 4/28/99 515-327-6150
SIGNATURE AND TITLE OF REGISTERED AGENT OR REGISTERED AGENT ACCEPTING APPOINTMENT (Not) (Registered Agent signature required when re-appointing)