


**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
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FILED

97 FEB -4 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<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>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> M96000000116
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BLOCK TESTING SERVICES L.L.C.  
2100 N.W. 53RD AVENUE  
GAINESVILLE FL 32653

1a. Principal Place of Business Address

2100 N.W. 53RD AVENUE  
GAINESVILLE FL 32653

If above mailing address is incorrect in any way, (line through incorrect information and enter correction in Block 2a.

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
04/10/1996	DE
4. FEI Number	<input type="checkbox"/> Applied For
59-3372913 <del>APPLIED FOR</del>	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	SB 75-7 Annual Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
C T CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002085154--S -02/12/97--01070--001 City ****212.58 ****212.58 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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TASLITZ, STEVEN M	%STERLING CAPITAL CORP./65	NORTHBROOK IL
MGR	ELFMAN, MERRICK M	%STERLING CAPITAL CORP./65	NORTHBROOK IL
MGR	SORENSEN, HENRY L	%STERLING CAPITAL CORP./65	NORTHBROOK IL
MGR	BOZZANO, DEAN J	%STERLING CAPITAL CORP./65	NORTHBROOK IL
MGR	<del>WATERSTON, ROBERT</del>	<del>%STERLING CAPITAL CORP./65</del>	<del>NORTHBROOK IL</del>
MGR	WIPPMAN, TOM D	%STERLING CAPITAL CORP./65	NORTHBROOK IL

JB2-4-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:  1/30/97 352 373-8421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #