File on subject	or before to a \$ 40	May 1, 1999 (00.00 LATE FE	or Limited E.	d Liability	Com	pany will be	• 1 ମଣ୍ଡ	FILED C W/Y OF	STATE	3
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							CHUED STATE OF STATE OF STATE OF CHARACTERS OF CHARACTERS OF STATE OF CHARACTERS OF CH			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name	and Mailing Ad led Llability Co	dress DOC		Г# м970			ĺ			
-	7633 E.), L.L.C. 63RD PLAC 0K 74133	CE, SUI	TE 400	С	14-AR	1a. Principal Pla 7633 E. TULSA C	63RD E	LACE,	SUITE 40
2 Princip	siness	2a. Mail	ng Address			Date Organized or Qualified 3a. State of Formation				
							01/21/1	/1997 OK		
Suite, Apt. #, etc.			Suite, AL	Suite, Apt. #, etc.			4. FEI Number Applied For			
City & State			City & St	City & State						Not Applicable
Zip		Country	Zip		Count	ry	5. Date of Last I	•		ate of Status Desired
7. Name and Address of Curre		nt Registered	Posistered & part		T	03/04/1998 Name and Address of New Reg		\$8.75 Additional Fee Required		
As register	ed office or reg red agent, and	ions of Sections 608.4 stered agent, or both, in accept the obligations.	the State of Flo	rida. Such chan	ge was a	uthorized by affirmat	tive vete of a majorit			
10. Title Managing Members/Managers				IOTE Registered Agent signature required when rematiting) Business Street Address			City, State and Zip Code			
MGR	SMITH,	RICHARD F	I	7633 E	2. 6:	3RD PLACE		TULSA -04/13 *****	837: 3/990	2612 1003004 ****188.75
indicated or limited liabi attachment	n this annual re	4,	e and that my s empowered to	ignature shall h execute this rep	ave the s port as re	ame legal effect as	if made under oath	, that I am a mar	naging membane appears i	er or manager of the

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