


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
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 Address of Limited Liability Company		DOCUMENT # M97000000123	
JUSTUS VIATICAL GROUP, L.L.C. 440 EAST SAMPLE ROAD, SUITE 201 POMPANO BEACH FL 33064		1a. Principal Place of Business Address  003/10 <del>440 EAST SAMPLE ROAD, SUITE POMPANO BEACH FL 33064</del> 400 BOSTON POST ROAD #208 SUDBURY, MA 01776	
2. Principal Place of Business 400 BOSTON POST ROAD Suite, Apt. #, etc. Suite 208 City & State Sudbury, MA Zip 01776 Country Middlesex	2a. Mailing Address 440 E SAMPLE RD #208 Suite, Apt. #, etc. Suite 201 City & State POMPANO BEACH FL Zip 33064 Country	3. Date Organized or Qualified 03/11/1997	3a. State of Formation DE
		4. FEI Number 65-0712540	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired SB 75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent  STEPHAN, SCOTT F 440 EAST SAMPLE ROAD, SUITE 201 POMPANO BEACH FL 33064		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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
MGRM	STEPHAN, SCOTT F	<del>440 EAST SAMPLE ROAD, SUITE</del> 440 East Sample Road, Suite 201 POMPANO BEACH FL 33064 600002456686-- 4 -03/13/98--01070--010 ****197.50 ****197.50  197.50	<del>POMPANO BEACH FL</del> POMPANO BEACH, FL. 33064

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-25-98

954-783-3904

Date

Daytime Phone #