

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company UNM, L.L.C. 296 TEMPLE HILL ROAD NEW WINDSOR NY 12553	DOCUMENT # M97000000201
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2. Principal Place of Business 280 Windsor Highway Suite, Apt. #, etc.	2a. Mailing Address Post Office Box 49 Suite, Apt. #, etc.
City & State New Windsor, New York	City & State Jacksonville, New York
Zip 12553	Country USA
Zip 12553	Country USA

FILED
98 AUG 28 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address 296 TEMPLE HILL ROAD NEW WINDSOR NY 12553

3. Date Organized or Qualified 04/17/1997	3a. State of Formation NY
4. FEI Number 14-1797496	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE, SUITE 200 TALLAHASSEE FL 32301	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
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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	WILEN, DONALD	280 Windsor Highway	NEW WINDSOR NY 12553
			8000002630508--6 -09/01/98--01073--009 ****588.75 ****588.75 <i>dee</i>

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: _____, **Donald Wilen, CEO** **August 26, 1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #