



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		FILED 99 MAR 12 PM 2:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																							
1. Name and Mailing Address of Limited Liability Company UNM, L.L.C. P.O. BOX 49 JACKSONVILLE NY 14854		DOCUMENT # M97000000201																							
2. Principal Place of Business 280 Windsor Highway Suite, Apt. #, etc. City & State New Windsor, New York Zip Country 12553 U.S.		2a. Mailing Address 280 Windsor Highway Suite, Apt. #, etc. City & State New Windsor, New York Zip Country 12553 U.S.		3. Date Organized or Qualified 04/17/1997 3a. State of Formation NY 4. FEI Number 14-1797496 5. Date of Last Report 08/28/1998																					
		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" 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) 500002814345--B Suite, Apt. #, etc. -03/22/99--01148--005 ***188.75 ***188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required with change of agent)</small>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>WILEN, DONALD</td> <td>280 WINDSOR HIGHWAY</td> <td>NEW WINDSOR NY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	WILEN, DONALD	280 WINDSOR HIGHWAY	NEW WINDSOR NY												
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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 3/8/99 1-800-992-9301 <small>SIGNATURE AND TYPE OF PRINTED NAME OF SECRETARY/MANAGER/MEMBER OR MANAGER</small>																									