


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 SECRETARY OF STATE DIVISION OF CORPORATIONS FEB 22 1999 99 APR -5 AM 11:28	
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 CDI COMPUTER DYNAMICS, LLC 23 EDGEWATER ALLEY ISLE OF PALMS SC 29451		DOCUMENT # M97000000420 <i>99 APR CM</i>		1a. Principal Place of Business Address 23 EDGEWATER ALLEY ISLE OF PALMS SC 29451	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 26500 Agoura Rd. Suite, Apt. #, etc. Suite 200 City & State Calabasas, CA Zip 91302 Country USA		3. Date Organized or Qualified 07/16/1997 3a. State of Formation DE 4. FEI Number 62-1624069 5. Date of Last Report 04/15/1998 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____			
(If registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when new agent)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BROWN, ROBERT J TRUSTE	26500 AGOURA RD., STE ²⁰⁰ 201		CALABASAS CA	
MGR	BROWN, BEVERLY J TRUST	26500 AGOURA RD., STE ²⁰⁰ 201		CALABASAS CA	
MGRM	MORRIS, WANDELL M CO M	23 EDGEWATER ALLEY		ISLE OF PALMS SC	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Beverly J. Brown</i> Beverly J. Brown 3-30-99 618/880-9203					
SIGNATURE AND FIELD OF CERTIFIED NAME OF LIMITED LIABILITY COMPANY OR LIMITED LIABILITY COMPANY					