


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		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -4 PM 1:20	
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 DOCUMENT # M97000000471 HAYNSWORTH, BALDWIN, JOHNSON AND GREAVES, LLC 918 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29607				1a. Principal Place of Business Address 918 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29607	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address PO Box 10888 Suite, Apt. #, etc. City & State Greenville SC Zip 29603		3. Date Organized or Qualified 08/04/1997 4. FEI Number 58-2284831 5. Date of Last Report 03/26/1998	
				3a. State of Formation SC <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent JOHNSON, BRADLEY R 600 NORTH WESTSHORE BLVD., SUITE 200 TAMPA FL 33609				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 _____ <small>(Registered Agent Accepting Appointment) (By "I", Registered Agent signature, required when not a company)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	Daniel, James Howard HAYNSWORTH, KNOX, L	918 SOUTH PLEASANTBURG DRI		GREENVILLE 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) (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 SIGNER (MANAGING MEMBER OR MANAGER)

DATE

Signature Number