
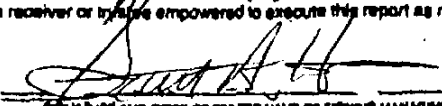


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandrine B. Morthens Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUL 21 PM 1:55	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>DOCUMENT #</b> M97000000474			
1. Name and Mailing Address of Limited Liability Company  N.F.P.M., LLC 9143 PHILIPS HIGHWAY, SUITE 495 JACKSONVILLE FL 32256		1a. Principal Place of Business Address  9143 PHILIPS HIGHWAY, SUITE JACKSONVILLE FL 32256			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 08/01/1997 3a. State of Formation AR 4. FEI Number 59-3459236 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/>	
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 7-10-98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HAIRE, SCOTT A	9143 PHILIPS HIGHWAY, SUITE		JACKSONVILLE FL	
MGRM	VALDEZ, GILBERT	9143 PHILIPS HIGHWAY, SUITE		JACKSONVILLE FL	
7000002597197--2 -07/24/98--01006--005 *****188.75 *****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		7-10-98			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #			

**MB**

**SOFTWARE CORPORATION**

2225 East Randol Mill Road Suite 305

Arlington, Texas 76011

(817) 633-9400 FAX (817) 633-9409

July 15, 1998

Florida Department of State  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: N.F.P.M., LLC (the "Company")

Gentlemen:

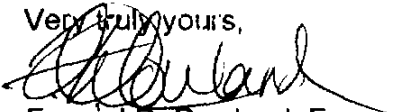
Transmitted herewith is a check in the amount of \$188.25 representing the filing fee for the Company together with a completed limited liability company annual report for 1998.

Internal records of the Company reflect that the report together with the requisite payment was initially submitted to the wrong organization. As evidence thereof I am enclosing a copy of the vendor ledgers for the Company for the relevant time frame.

I would appreciate your processing the payment and filing the report at this time without applying the \$400.00 late fee.

Thank you for your consideration. Should you have any questions, or if I may be of any assistance, please do not hesitate to contact me.

Very truly yours,

  
Fauniel D. Rowland, Esq.  
General Counsel

Letters-nfpm-sectystate.doc

3

4/6/12/98 at 11:28:11.00

Page: 1 of 1

**N.F.P.M., LLC**  
**Vendor Ledgers**

For the Period From Apr 1, 1998 to Jun 30, 1998

Filter Criteria includes: 1) IDs from FL to FL. Report order is by ID.

Vendor ID Vendor	Date	Trans No	Type	Paid	Debit Amt	Credit Amt	Balance
FL	4/25/98	2001	CDJ		188.75	188.75	0.00
FL SOC. PHYSICAL MED & I	5/4/98	1998	PJ	*		100.00	100.00
	5/7/98	2023	CDJ		100.00		0.00