
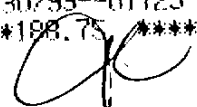
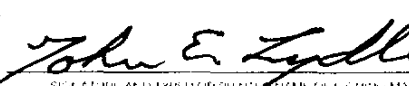


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M97000000538</b> <b>PROFESSIONAL UTILITY CONSULTANTS OF AMERICA, LTD. L.L.C.</b> 1600 S. FEDERAL HIGHWAY, STE. 941 POMPANO BEACH FL 33062		<b>1a. Principal Place of Business Address</b> 1600 S. FEDERAL HIGHWAY, STE POMPANO BEACH FL 33062	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip	
<b>3. Date Organized or Qualified</b> 08/22/1997		<b>3a. State of Formation</b> OH	
<b>4. FEI Number</b> 31-1538356		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 04/02/1998		<b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>	
<b>7. Name and Address of Current Registered Agent</b> LYDLE, JOHN E 1620 S. FEDERAL HIGHWAY, STE. 941 POMPANO BEACH FL 33062		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing office)		<b>DATE</b> _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	LYDLE, JOHN E	1620 S. FEDERAL HWY., #941	POMPANO BEACH FL
MGRM	LYDLE, RICHARD C	643 INDEPENDENCE AVE.	AKRON OH
300002858103-- -04/30/99--01125--019 ****188.75 ****188.75 			
<b>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.</b>			
<b>SIGNATURE:</b>  John E. Lydle 4-7-99 wy-98-0171 SIGNATURE AND PRINTED NAME OF SECRETARY/MANAGING MEMBER/REGISTRAR			