


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		FILED MAR 29 PM 5:00 SECRETARY OF STATE TAMPA, FLORIDA	
<b>FILING FEE</b> 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 <b>DOCUMENT # M97000000577</b>  COMPUTER CONSULTANTS - MICHIGAN, L.L.C. <del>600 NORTHWEST SHORE BLVD., SUITE 1200</del> <del>TAMPA FL 33609-1145</del>				1a. Principal Place of Business Address  <del>600 NORTHWEST SHORE BLVD., S</del> <del>TAMPA FL 33609</del>	
2. Principal Place of Business <i>Computer Consultants</i> Suite, Apt. #, etc. <i>160</i> City & State <i>Tampa FL</i> Zip <i>33607</i>		2a. Mailing Address <i>3030 N. Rocky Point W</i> Suite, Apt. #, etc.  City & State  Zip  Country		3. Date Organized or Qualified <i>09/04/1997</i> 3a. State of Formation <i>MI</i> 4. FEI Number <i>38-3355501</i> 5. Date of Last Report <i>03/11/1998</i> 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  WHEELAND, JOHN C <del>600 NORTHWEST SHORE BLVD., SUITE 120</del> <del>TAMPA FL 33609</del>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>3030 N. Rocky Point W</i> Suite, Apt. #, etc. <i>160</i> City <i>TAMPA</i> FL Zip Code <i>33607</i>		
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 <i>John C. Wheeland</i> DATE <i>3-18-99</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when terminating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WHEELAND, JOHN C	<del>600 NORTHWEST SHORE BLVD.,</del> <i>3030 N. Rocky Point W</i>		<del>TAMPA FL</del> <i>TAMPA F. 33607</i>	
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: <i>John C. Wheeland</i> <i>John C. Wheeland</i> <i>3-18-99</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SERVING MANAGER OR MEMBER OF BOARD OF DIRECTORS</small>					