


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SEP 28 PM 1:38 LR 9/28	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000407 SECRETARY OF STATE TALLAHASSEE FLORIDA			
BYERS LOCATE SERVICES, LLC 6275 BARFIELD ROAD ATLANTA GA 30328		1a. Principal Place of Business Address 6275 BARFIELD ROAD ATLANTA GA 30328			
2. Principal Place of Business 500 Northridge Road Suite 300 Suite, Apt. #, etc.		2a. Mailing Address ← Same Suite, Apt. #, etc.		3. Date Organized or Qualified 04/27/1998	
City & State Atlanta, GA		City & State		3a. State of Formation GA	
Zip 30350		Country		4. FEI Number 58-2379970	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 000003006640--1 Suite, Apt. #, etc. -10/06/99--01002--022 ****400.00 ****400.00 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ROBERTSON, N. ALLEN	8185 LANDING SOUTH		ATLANTA GA	
MGR	LAWRENCE, CYNTHIA V GOERS, TROY E.	135 NORTH BLUFF 5055 DAYWOOD DRIVE		ALPHARETTA GA ROSWELL GA	
				000003006640--1 -10/06/99--01002--023 ****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) (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: <u>Troy Goers</u> 7/12/99 (678) 461-3900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					