

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -5 AM 11:28

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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 # M98000000543
 CLEMENTS + POELLOT/ASSOCIATED, PLLC
 425 WEST BROADWAY, SUITE G
 NORTH LITTLE ROCK AR 72114
QA-AR UM

1a. Principal Place of Business Address
 425 WEST BROADWAY, SUITE G
 NORTH LITTLE ROCK AR 72114

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
 05/29/1998

3a. State of Formation
 AR

4. FEI Number
 71-0804429
 Applied For
 Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 GEORGE F. YOUNG, INC.
 C/O MARTIN T. LOTT
 299 NINTH STREET NORTH
 ST. PETERSBURG FL 33731

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City Zip Code
FL

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 *Gary Clements* DATE 3/31/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required with this filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CLEMENTS, GARY W	425 WEST BROADWAY, SUITE G	NORTH LITTLE ROCK AR
MGRM	POELLOT, VINSON R	425 WEST BROADWAY, SUITE G	NORTH LITTLE ROCK AR

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 ****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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER Date Daytime Phone #