

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 MAY 17 PM 1:04

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000550 CPR PROMPT, L.L.C. 4543 TAYLOR LANE WARRENSVILLE HEIGHTS OH 44128	
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1a. Principal Place of Business Address 4543 TAYLOR LANE WARRENSVILLE HEIGHTS OH 4412

2. Principal Place of Business 27070 Miles Road Suite, Apt. #, etc. City & State Solon, OH Zip 44139 Country US	2a. Mailing Address 27070 Miles Road Suite, Apt. #, etc. City & State Solon, OH Zip 44139 Country US
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3. Date Organized or Qualified 05/28/1998	3a. State of Formation DE
4. FEI Number 34-1850598	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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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 33134
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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 Adopting Appointment) (NOTE: Registered Agent Signature Required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LINDSETH, STEVEN	27070 MILES ROAD	SOLON, OH 44139
MGR	POLLACK, STEVEN W	633 N.E. 167TH STREET, SUITE 100	NORTH MIAMI BEACH FL 33162

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. 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:  Steven W. Lindseth 4/13/99 440-498-8800