


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

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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<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
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000961</b>  STEVENS CONSULTANT SERVICES, LLC 3717 GREENHILL DR. CHAMBLEE GA 30341
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1a. Principal Place of Business Address  3717 GREENHILL DR. CHAMBLEE GA 30341
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2. Principal Place of Business 3717 Greenhill Drive Suite, Apt. #, etc.	2a. Mailing Address 3717 Greenhill Drive Suite, Apt. #, etc.	3. Date Organized or Qualified 08/31/1998	3a. State of Formation GA
City & State Chamblee, GA	City & State Chamblee, GA	4. FEI Number 58-2399207	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 30341	Country USA	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  O'HARA, DOROTHY 400 SEABREEZE DR. INDIAN LANTIC FL 32903	8. Name and Address of New Registered Agent/Office Name <del>Michael Cooper</del> Scott Stevens - NDC Street Address (P.O. Box Number is Not Acceptable) 2727 Wilmerton Rd. Suite, Apt. #, etc. Ste. 230 City Clearwater FL Zip Code 33762
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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 Accepting Appointment) (NOTE: Registered Agent signature required when it is changed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STEVENS, SCOTT	BOX 28663	ATLANTA GA 30358
MGRM	VOGHT, RAYMOND C IV	P.O. BOX 420321	ATLANTA GA 30342

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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:  Scott Stevens 2/28/99 (770) 354-9279  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER OR MANAGER