


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		FILED 99 MAR 16 PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # M98000001227 INTELLIGENT MACHINE CONCEPTS, L.L.C. 909 POYDRAS STREET, SUITE 2230 NEW ORLEANS LA 70112		1a. Principal Place of Business Address 909 POYDRAS STREET, SUITE 22 NEW ORLEANS LA 70112			
2. Principal Place of Business 125 MALLARD STREET <small>Suite, Apt. #, etc.</small> A City & State ST. ROSE LA Zip 70087		2a. Mailing Address 125 MALLARD STREET <small>Suite, Apt. #, etc.</small> A City & State ST. ROSE LA Zip 70087		3. Date Organized or Qualified 10/21/1998 4. FEI Number 72-142 8578 APPLIED FOR 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 HOOKER, JEFFREY A 1427 CHAFFEE DRIVE, SUITE 4 TITUSVILLE FL 32780		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			
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 _____			
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SPENCER, JAMES E	125 MALLARD ST, SUITE A, MARK 909 POYDRAS ST., SUITE 223		ST. ROSE, LA 70087 NEW ORLEANS LA	
MGR	WINTHROP, MARC D	909 POYDRAS STREET, SUITE		NEW ORLEANS LA	
MGR	HOOKER, JEFFERY A	1427 CHAFFEE DRIVE, SUITE		TITUSVILLE FL	
MGR	SIMON, DAVID H	P.O. BOX 2175		WINDERMERE FL	
300002820743--E 03/26/99-01113-023 ****188.75 ***188.75 3-22-99					
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: _____		JAMES E. SPENCER, JR. 2/22/99 (504) 465-9568 x 227			