


2<sup>nd</sup> 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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000001390</b>  SJGC, LLC <del>1930 ISAAC NEWTON SQUARE WEST, SUITE 250</del> <del>RESTON VA 20190</del> 1605 LOUCKS ROAD YORK, PA 17404
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1a. Principal Place of Business Address  <del>1930 ISAAC NEWTON SQUARE WEST</del> <del>RESTON VA 20190</del> 5601 NW ST JAMES BLVD PORT ST. LUCIE, FL 34983
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2. Principal Place of Business <b>5601 NW ST JAMES BLVD</b> Suite, Apt. #, etc.  City & State <b>PORT ST. LUCIE, FL</b> Zip <b>34983</b> Country <b>USA</b>	2a. Mailing Address <b>1605 LOUCKS ROAD</b> Suite, Apt. #, etc.  City & State <b>YORK, PA</b> Zip <b>17404</b> Country <b>USA</b>
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3. Date Organized or Qualified <b>11/24/1998</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>54-1927827</b> <del>APPLICABLE FOR</del>	<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 <input type="checkbox"/>

7. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE, COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>	8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
(If the company is a corporation, the signature of the President or Secretary is required. If the company is a partnership, the signature of a partner is required. If the company is a limited liability company, the signature of a member is required.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MAYS, R. DANIEL	1930 ISAAC NEWTON SQUARE W	RESTON VA
MGRM	GARCHIK, STEPHEN J	1930 ISAAC NEWTON SQUARE W	RESTON VA
MGRM	CAPORALETTI, JOHN	<del>1930 ISAAC NEWTON SQUARE W</del> 1605 LOUCKS ROAD	<del>RESTON VA</del> YORK, PA
MGRM	SNIDER, STEVEN S	1455 PENNSYLVANIA AVE. NW,	WASHINGTON DC
MGRM	LEAHY, WILLIAM F	1455 PENNSYLVANIA AVE. NW,	WASHINGTON DC

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 included 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: Stephen J. Garchik 8/4/99 703-467-8222  
FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS