


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 10 AM 10: 53 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 # M98000001421 RISHA MANAGEMENT COMPANY, LLC 14130 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224				1a. Principal Place of Business Address 14130 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224									
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 11/26/1998 4. FEI Number 58-2353892 5. Date of Last Report									
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
7. Name and Address of Current Registered Agent RISHA, DAVID C 14130 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224			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 _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent signature required when not a director)</small>				DATE _____									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td style="text-align: center; vertical-align: top;">MGR</td> <td style="text-align: center; vertical-align: top;">RISHA, DAVID C</td> <td style="text-align: center; vertical-align: top;">14130 CRYSTAL COVE DRIVE</td> <td style="text-align: center; vertical-align: top;">JACKSONVILLE FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	RISHA, DAVID C	14130 CRYSTAL COVE DRIVE	JACKSONVILLE FL
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100002811001--2 -03/18/99--01089--009 ****188.75 ****188.75 <i>SL</i> 3-17-99													
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: <i>David C. Risha</i> 3/9/99 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>													