


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 50 APR 20 AM 10: 14 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 # Z00344		1a. Principal Place of Business Address	
STATE STREET CONSULTANTS, L.C. 254 STATE STREET P. O. BOX BOX 46 MOBILE AL 36601				254 STATE STREET P. O. BOX BOX 46 MOBILE AL 36601	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/01/1991	
City & State		City & State		4. FEI Number	
Zip		Zip		63-1049351	
Country		Country		5. Date of Last Report	
				04/20/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SENTERFITT, DONALD T 255 S ORANGE AVE ORLANDO FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		700002854017-0 04/27/99-01083-012 ****188.75 ****188.75 FL			
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 is required when appointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	MILLER HAMILTON SNID,	254 STATE ST		MOBILE AL	
MGRM	MILLER, JOHN C. H. JR	254 STATE ST		MOBILE AL	
4-23-99					
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:		John C.H. Miller, Jr. 4/12/99 (334) 439-7549			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, SECRETARY, OR TRUSTEE)		Date			