


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 29 AM 11:37	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # 200630</b>  CIRCUIT TEST INTERNATIONAL, L.C. 14601 MCCORMICK DR. TAMPA FL 33626		<b>1a. Principal Place of Business Address</b>  14601 MCCORMICK DR. TAMPA FL 33626			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 08/13/1992  <b>3a. State of Formation</b> FL  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>4. FEI Number</b> 59-3137208		<b>5. Date of Last Report</b> 06/08/1998		<b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  BRASWELL, ALLEN S. JR. 14601 MCCORMICK DR. TAMPA FL 33626			<b>8. Name and Address of New Registered Agent/Office</b>  Name Street Address (P.O. Box Number is Not Acceptable) 14201 Suite, Apt. #, etc.  City      Zip Code FL		
<b>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.</b>					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment)      (If Not Registered Agent Sign at end of Section 10, Block 10)					
<b>10. Title</b>  M	<b>Managing Members/Managers</b>  BRASWELL, ALLEN S. JR.	<b>Business Street Address</b>  14201 14601 MCCORMICK DR.	<b>City, State and Zip Code</b>  TAMPA FL 33626		
600002838226-3 04/13/99 -01062 -023 ****188.75 ****188.75					
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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.</b>					
<b>SIGNATURE:</b> _____ 3/26/99 303/280-5485					