
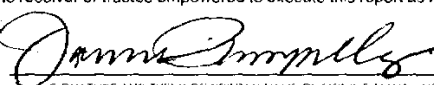


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 JUN 21 AM 11:05	
<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>			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # M98000000707</b>  <b>CHESAPEAKE ATLANTIC YACHT SALES, L.L.C.</b> <b>357 PIER ONE ROAD</b> <b>STEVENSVILLE MD 21666</b>		1a. Principal Place of Business Address  <b>357 PIER ONE ROAD</b> <b>STEVENSVILLE MD 21666</b>			
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 <b>06/30/1998</b>  4. FEI Number <b>52-1951349</b>  5. Date of Last Report <b>N/A</b>	
				3a. State of Formation <b>MD</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>COOK, ARTHUR</b> <b>1535 S.E. 17TH STREET, SUITE 121</b> <b>FORT LAUDERDALE FL 33316</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: center;"><b>FL</b></div>			
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 transferring)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PUMPELLY, JAMIE L	357 PIER ONE ROAD		STEVENSVILLE MD 21666	
MEM	PUMPELLY, THOMAS F	357 PIER ONE ROAD		STEVENSVILLE MD 21666	
				800002922708--1 -07/02/99--01090--006 *****S88.75 *****S88.75	
AL JUN 25 1999					
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: 		6/15/99      416-643-5400			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date      Filing Phone #</small>			