

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 MAR 10 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company  
**DOCUMENT # Z00482**  
290 SUNRISE DRIVE L.C.  
290 SUNRISE DRIVE  
KEY BISCAIYNE FL 33149

1a. Principal Place of Business Address  
290 SUNRISE DRIVE  
KEY BISCAIYNE FL 33149

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

|                                |         |                     |         |                                |   |
|--------------------------------|---------|---------------------|---------|--------------------------------|---|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 11/15/1991                     | FL  |
| City & State                   |         | City & State        |         | 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable             |
| Zip                            | Country | Zip                 | Country | 65-0306588                     | 5. Date of Last Report  |
|                                |         |                     |         | 05/01/1996                     | 6. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input type="checkbox"/> |

|   |  |  |  |
|---|--|--|--|
| 7. Name and Address of Current Registered Agent               |  | 8. Name and Address of New Registered Agent  |  |
| EHRMAN, THOMAS<br>290 SUNRISE DRIVE<br>KEY BISCAIYNE FL 33149 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>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 *Thomas Ehrman* DATE FEB. 23/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| M         | GREHAN, FREDDIE           | C/O PARK TRAVEL MAIN ST.   | BLANCHARDSTOWN, IRELA    |
| M         | O'ROURKE, NOEL            | HAZELBROOK NEWTOWN CLEBRID | CO. KILDARE IRELAND      |
| M         | NEALON, PAULINE           | #2 MARTELLO VIEW           | SANDYMOUNT, D, IRELAN-   |

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\*\*\*\*203.75 \*\*\*\*203.75

*JB 3-11-97*

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: *Noel J. O'Rourke* *Noel J. O'Rourke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 2/22/97 Daytime Phone #