
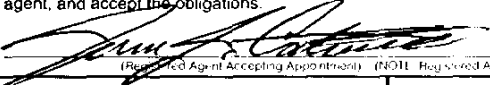
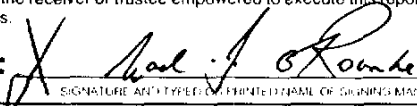


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # Z00482		1a. Principal Place of Business Address	
290 SUNRISE DRIVE L.C. 290 SUNRISE DRIVE KEY BISCAYNE FL 33149				290 SUNRISE DRIVE KEY BISCAYNE FL 33149	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/1991	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				65-0306588	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/23/1998	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
EHRMAN, THOMAS 290 SUNRISE DRIVE KEY BISCAYNE FL 33149			Name JOHN J. CATANIO		
			Street Address (P.O. Box Number is Not Acceptable) 290 SUNRISE DR.		
			Suite, Apt. #, etc.		
			City Key Biscayne FL		
			Zip Code 33149		
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 2-20-99	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required for all registrations)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	GREHAN, FREDDIE	C/O PARK TRAVEL MAIN ST.		BLANCHARDSTOWN, IREL	
M	O'ROURKE, NOEL	HAZELBROOK NEWTOWN CLEBRID		CO. KILDARE IRELAND	
				100002806401--1	
				-03/15/99--01131--025	
				****188.75 ****188.75	
				AL MAR 11 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OF CORPORATION</small>					

FILED

99 MAR -8 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA