

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 23 PM 2: 25

4/24

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

290 SUNRISE DRIVE L.C.
290 SUNRISE DRIVE
KEY BISCAVNE FL 33149

1a. Principal Place of Business Address

290 SUNRISE DRIVE
KEY BISCAVNE FL 33149

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
11/15/1991

3a. State of Formation
FL

4. FEI Number
65-0306588
 Applied For
 Not Applicable

5. Date of Last Report
03/10/1997

6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

EHRMAN, THOMAS
290 SUNRISE DRIVE
KEY BISCAVNE FL 33149

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 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 |

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***188.75 ***188.75

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 16-4-1998
SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #