
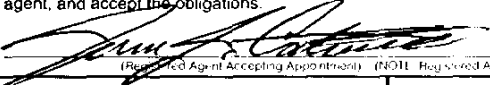
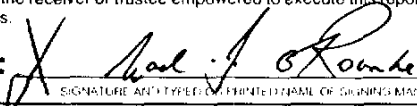


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		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 <b>DOCUMENT # Z00482</b>  290 SUNRISE DRIVE L.C. 290 SUNRISE DRIVE KEY BISCAYNE FL 33149		1a. Principal Place of Business Address  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 FL	
Zip		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 checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  EHRMAN, THOMAS 290 SUNRISE DRIVE KEY BISCAYNE FL 33149			8. Name and Address of New Registered Agent/Office 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 requires Florida notarizing)</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 -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: 					

FILED

99 MAR -8 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA