
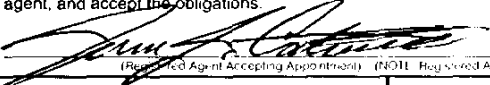


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
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	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 <input type="checkbox"/> Not Applicable
Zip	Country	65-0306588	
		5. Date of Last Report	6. Certificate of Status Desired
		04/23/1998	\$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
EHRMAN, THOMAS 290 SUNRISE DRIVE KEY BISCAVNE 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	
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: 