
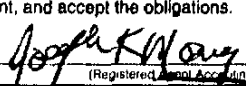
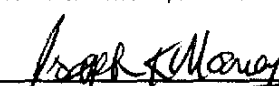


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L93000000425</b>  SIESTA SAILBOAT COMPANY, L.C. <del>240 E. INTENDENCIA ST.</del> <del>PENSACOLA FL 32501</del>		1a. Principal Place of Business Address TALLAHASSEE, FLORIDA 2625 YATES AVE <del>240 E. INTENDENCIA ST.</del> PENSACOLA FL 32501 32503	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 1/29/1993 4. FEI Number 59-3217232 5. Date of Last Report 05/01/1996 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> See Fee Additional Fee Required	
7. Name and Address of Current Registered Agent  MOONEY, JOSEPH K <del>240 E. INTENDENCIA ST.</del> <del>PENSACOLA FL 32501</del>		8. Name and Address of New Registered Agent  Mr Joseph K Mooney 2625 Yates Ave Pensacola FL 32503-4981	
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.		200002178252-7 05/01/97-01068-017 ****203.75 ****203.75	
SIGNATURE  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE 4/22/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MOONEY, JOSEPH K	2625 YATES AVE	PENSACOLA FL
MGRM	WESTAFER, JOHN M.D.	1069 LAGUNA LANE	GULF BREEZE FL
MGRM	NEAL, CHARLES L M.D.	1129 SOUNDVIEW TRAIL	GULF BREEZE FL
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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		4/22/97 904432-7553 Date Daytime Phone #	