

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

98 APR 27 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000425

SIESTA SAILBOAT COMPANY, L.C.
% MR. JOSEPH K. MOONEY
2625 YATES AVENUE
PENSACOLA FL 32503-4981

1a. Principal Place of Business Address

% MR. JOSEPH K. MOONEY
2625 YATES AVENUE
PENSACOLA FL 32503

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
11/29/1993

3a. State of Formation
FL

4. FEI Number
59-3217232

5. Date of Last Report
05/01/1997

6. Certificate of Status Desired
 Applied For
 Not Applicable
 SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

MOONEY, JOSEPH K
2625 YATES AVENUE
PENSACOLA FL 32503

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

000002511720--1
-05/05/98-01120-004
FL *188.75 ***188.75**

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 _____
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when reappointing)

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

dec

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: *Joseph K Mooney* Date: **4/17/98** Daytime Phone #: **850-432-5794**