

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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR -8 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000333 SABLE PRODUCTIONS 2000, L.C. 1001 NORTH BARFIELD DRIVE MARCO ISLAND FL 34145 <i>NEW ADDRESS</i>

1a. Principal Place of Business Address 1001 NORTH BARFIELD DRIVE MARCO ISLAND FL 34145

2. Principal Place of Business 277 NICOLLIER BLVD. Suite, Apt. #, etc. 2ND FLOOR City & State MARCO ISLAND FL Zip 34145 Country USA	2a. Mailing Address 277 N. COLLIER BLVD. Suite, Apt. #, etc. 2ND FLOOR City & State MARCO ISLAND FL Zip 34145 Country USA.
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3. Date Organized or Qualified 07/18/1994	3a. State of Formation FL
4. FEI Number 65-0504992	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 08/17/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent KRAMER, FREDERICK C 950 NORTH COLLIER BLVD. SUITE 201 MARCO ISLAND FL 34145

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

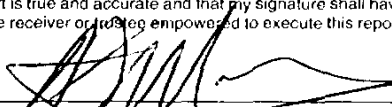
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature Required when Filing Report)</small>	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MACGREGOR, HUGH	1001 NORTH BARFIELD DR.	MARCO ISLAND FL

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****188.75 ****188.75

4-14-99

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:  HUGH MACGREGOR APRIL 1, 99