


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 MAY -4 PM 4:09 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	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000222	
NATURAL BAIT BROKERS, L.C. 1980 NORTH ATLANTIC AVE., SUITE 708 COCOA BEACH FL 32931		1a. Principal Place of Business Address 1980 NORTH ATLANTIC AVE., SU COCOA BEACH FL 32931	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
488 GWS HIPP BLVD	P.O. BOX 320247	03/21/1995	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	59-3307143	
ROCKLEDGE, FL	COCOA BEACH, FL	5. Date of Last Report	6. Certificate of Status Desired
Zip	Country	05/01/1997	\$8.75 Additional Fee Required <input type="checkbox"/>
32955	BREVARD		
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
JAYNES, DAVID A 222 PICCADILLY STREET SUITE 100 WEST PALM BEACH FL 33407		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002513548--6 -05/06/98--01074--004 City ***188.75 FL	
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) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WOODS, JEFFREY S	1980 NORTH ATLANTIC AVE.	COCOA BEACH FL
MGRM	MURRAY, ED	1980 NORTH ATLANTIC AVE.	COCOA BEACH FL
MGRM	FARLEY, PETE	1980 NORTH ATLANTIC AVE.	COCOA BEACH 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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: JEFF WOODS

SIGNATURE (AND TYPE) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-30-98