File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 24 AM 11: 42

						[98 APK 24 AM 11 · 42			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						1h w/27			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000365									
SEAFARI MARINE GROUP, L.C. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410						1a. Principal Place of Business Address 3920 RCA BLVD. PALM BEACH GARDENS FL 33410			
2. Principal Place of	2a. Maili	2a. Malling Address				d or Qualified	3a. State of	Formation	
Sulte, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.			05/12/1 4. FEI Number	995	FL T	Applied For	
City & State	City & Sta	City & State			65-0578	-0578734 Not Applicable			
Zíp	Country		Zip Count		у	5. Date of Last		SR 75 Additional Fee Required	
	ame and Address of Current	Registered	Agent		8. 1	02/24/1 Name and Address			
Its registered office or registered agent, or both, in the State of Florida. Such chang as registered agent, and accept the obligations.				nge was ai	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL e above-named limited liability company submits this statement for the purpose of changing as authorized by affirmative vote of a majority of the members. I hereby accept the appointment DATE				
(Registered Agenti Accepting Approximent) (I			OTE: Registered Agont signature required when reinstating) Business Street Address			City, State and Zip Code			Code
MGRM THE	PINNACLE TRUS	ST,	P.O. 1	вох !	513 N/A	30	CAYMAN PALM E	I ISLAN BEACH G 5031 /98010	D, BRITIS ARDENS F 037 075008 ****188.75
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 Ilmited liability company or the receiver or trustee empowered to execute this report as equired by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

READ PROPERTY PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daylimo Phone #