File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000365 1a. Principal Place of Business Address SEAFARI MARINE GROUP, L.C. 3920 RCA BLVD. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/12/1995 Suite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0578734 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/24/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MAASS, ROBB R 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statules, the above-named limited liability company submits this statement for the purpose of the pu 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE \_\_\_\_ DATE (Begistered Agent Appropriag Appropriated) (No.11) Frequency (Agent signature recovered where terrelating 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM THE PINNACLE TRUST, P.O. BOX 513 N/A CAYMAN ISLAND, BRITIS 3920 RCA BLVD. MGRM RESTINO, ROBERT F PALM BEACH GARDENS F 002**794659--**-03/04/99--01069--011 \*\*\*\*188.75 \*\*\*\*188.79 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 anything gnature spatr have the same Lyal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or husten ember or manager to the control of the limited liability company or the receiver or trustee d by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE

INHSE10 R (12-98)