


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L95000000509</b>
CAPTIVA ISLAND, L.C. C/O ROBERT A. ROSETTI 160 BARNDOR HILLS ROAD SUFFIELD CT 06078	

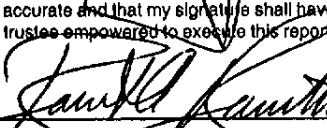
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent	
C T CORPORATION, 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

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
MEM	ROSSETTI, ROBERT A	160 BARNDOR ROAD	SUFFIELD CT
MEM	ROSSETTI, JODY C	160 BARNDOR ROAD	SUFFIELD CT

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: 	Date: 02/15/97
Daytime Phone #: (860) 763-5777	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address	
C/O ROBERT A. ROSETTI 160 BARNDOR HILLS ROAD SUFFIELD CT 06078	
3. Date Organized or Qualified	3a. State of Formation
06/29/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
06-1423920	
5. Date of Last Report	6. Certificate of Status Desired
03/11/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

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\*\*\*\*203.75 \*\*\*\*203.75