
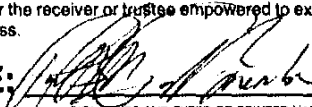


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<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>	
1. Name and Mailing Address of Limited Liability Company  <b>EMERALD CHARTERS, L.C. 6969 POINT OF ROCKS ROAD SARASOTA FL 34242</b>		<b>DOCUMENT #</b> L95000000604  1a. Principal Place of Business Address  <b>6969 POINT OF ROCKS ROAD SARASOTA FL 34242</b>  <i>MWR</i>	
2. Principal Place of Business <b>SAME</b>		3. Date Organized or Qualified <b>08/04/1995</b>	
2a. Mailing Address  Suite, Apt. #, etc.		3a. State of Formation <b>FL</b>	
City & State		4. FEI Number <b>65-0601502</b>	
Zip		5. Date of Last Report <b>04/29/1996</b>	
Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  <b>MCFADDEN, PAUL B 6969 POINT OF ROCKS ROAD SARASOTA FL 34242</b>		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <b>7800002150397-7</b> City <b>FL</b> Zip Code <b>34242</b>	
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	MCFADDEN, PAUL B	6969 POINT OF ROCKS ROAD	SARASOTA FL
MGRM	PAQUETTE, LESLEY J	6969 POINT OF ROCKS ROAD	SARASOTA 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: 		Date <b>4/13/97</b> Daytime Phone # <b>941 366-0072</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			