


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 28 AM 8:46

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L9500000866	
617 FLEMING STREET PARTNERS, L.C. ATTN: TERESA WILLIS 330 JULIA STREET KEY WEST FL 33040		1a. Principal Place of Business Address ATTN: TERESA WILLIS 330 JULIA STREET KEY WEST FL 33040	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
11/09/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For	
65-0637830		<input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired	
05/04/1998		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
FOHRMAN, DARRYL 322 ELIZABETH STREET KEY WEST FL 33040		Name <i>Marci L. Rose Esquire</i> Street Address (P.O. Box Number is Not Acceptable) <i>818 White Street</i> Suite, Apt. #, etc. <i>100002868121--11</i> City <i>Key West</i> FL <i>33040</i> -05/07/99--01134--001 ****178 Code, ****188.75	
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 <i>Marci L. Rose</i>		DATE <i>4/26/99</i>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	WILLIS, TERESA	% 330 JULIA STREET	KEY WEST FL
MEM	SMITH, ERIC T	% 330 JULIA STREET	KEY WEST FL
MEM	WILLIS, WILLIAM T	% 330 JULIA STREET	KEY WEST FL
MEM	WILLIS, KAYE	% 330 JULIA STREET	KEY WEST FL
MEM	HUGHES, J. MARSHALL	% 330 JULIA STREET	KEY WEST FL
MEM	HUGHES, JUDI	% 330 JULIA STREET	KEY WEST FL
MEM	PABLO RODRIGUEZ	% 330 JULIA STREET	KEY WEST 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 <i>Teresa Willis, co manager</i>		DATE <i>4/26/99</i> 305-296-6439	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER			
TERESA WILLIS, CO MANAGER			