LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		F I L 93 SEP 29		
FILING			on Supplemental Fee +				
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # T. 0.6.0.0.0.0.2.2.0					SEGRETARA TALLAHASSI	troida. E. El ORIDA	
of Limit	ted Liability Company	SCOMENT	" L960000	00229	1a. Principal Place of Business		
	ACQUA AZZURO I 10568 WHOOPING PALM CITY FL	G CRANE WA			10568 WHOOPIN PALM CITY FL	G CRANE WAY	
2 Principal Place of Business 2a. Mailin			ng Address		3. Date Organized or Qualified	3s. State of Formation	
Suite, Apt #, etc. Suite, Apt		#, etc.		02/27/1996	FI.		
				4. FEI Number	Applied For		
City & Stat	City & State City & Sta		ite ·		65-0650279	Not Applicable	
Z(ç)	Country	Zıp	Count	гу	5. Date of Last Report	6. Certificate of Status Desired 88.75 Add Local Fee Heatmed	
	7. Name and Address of	Current Registered	Agent	8. N	ame and Address of New Regi	stered Agent/Office	
9. Pursua its register as register	red office or registered agent, or be red agent, and accept the obligation	608.416 and 608.508, both, in the State of Flor			ive vole of a majority of the membe	Zip Code ement for the purpose of changing rs. I hereby accept the appointment	
			TE Registered Agent signature required when reinstating)				
10. Title	Title Managing Members/Managers		Busine	Business Street Address		City, State and Zip Code	
	POSILLICO, MI	CHAEL	2104 COULT NO. PRIVE 14 ATLANTIC DRIVE 2104 COUNT NA ORIVE		MELVIC HUNTI	MELVILLE, NY 1747 HUNTINGTON NY MELVILLE, NY 1747	
мем	Í		210A. CAME	ستيورد حمام درمه			
MEM MEM	POSILLICO, JO		2104 Comes .				
1	POSILLICO, P	SEPH K		ON AVENUE	BABYL		

INHSE10 R (6/99)

SIGNATURE: JE 1 5 JOSEPH 16. POS, 11165
SIGNATURE OF SIGNING MANAGING MEMBER OF MANAGER