


**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>MARINE BIOTECHNOLOGY, L.C.</b> RT. 1, BOX 3436 HAVANA FL 32333		<b>DOCUMENT #</b> L96000000695  1a. Principal Place of Business Address  RT. 1, BOX 3436 HAVANA FL 32333  <i>MWB</i>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country  3. Date Organized or Qualified 06/26/1996 3a. State of Formation FL 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> <small>Subject to Additional Fee Required</small>	
7. Name and Address of Current Registered Agent  THOMAS, CHARLES C RT. 1, BOX 3436 HAVANA FL 32333		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	THOMAS, CHARLES C	RT. 1, BOX 3436	HAVANA FL
MGR	DEBUSK, A. GIB PH.D.	3583 DORIS DR.	TALLAHASSEE FL
			7000002127197--1 -03/28/97--01088--009 ****203.75 ****203.75
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.  <b>SIGNATURE:</b> <u><i>A. Gib Debusk</i></u> <b>3/12/97 904 574-4430</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			