File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAR 30 PH 2: 35 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L96000000816 1a. Principal Place of Business Address KOCH, NEWTON & PARTNERS, L.C. 1700 E. LAS OLAS BLVD 1700 E. LAS OLAS BLVD 201-A 201-A FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 08/01/1996 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0685712 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/24/1997.

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name NEWTON, JOHN ROBERT III Street Address (P.O. Box Number is Not Acceptable) 1619 S.E. 13TH STREET FORT LAUDERDALE FL 33316 490092477154 Suite, Apt. #, etc. -04/02/98--01084--010 ****188.75 ****188 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 NEWTON, JOHN ROBERT I 1619 S.E. 13TH STREET FORT LAUDERDALE FL MEM EURASIAN YACHT MANAGEM POST OFFICE BOX 659 ROAD TOWN, TORTOLA B 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3) (i), Florida Statutes. If urther 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 except this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

RINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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SIGNATURE:

SIGNATURE AND TYPED OF