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pg 1 of 2

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 JUN -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company SEABORNE VENTURES, LLC 7450 SW 105TH TER SUITE B MIAMI FL 33156	DOCUMENT # L96000000867
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1a. Principal Place of Business Address 7450 SW 105TH TER SUITE B MIAMI FL 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME ABOVE	2a. Mailing Address SAME ABOVE	3. Date Organized or Qualified 08/12/1996	3a. State of Formation FL
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —	4. FEI Number ATTACHED COPY of Application	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State —	City & State —	5. Date of Last Report First Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip —	Country Dade	Zip —	Country Dade

7. Name and Address of Current Registered Agent GASQUE, JOHN 7450 SW 105TH TER SUITE B MIAMI FL 33156	8. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td><td></td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>Suite, Apt. #, etc.</td><td>9000002206609--7</td></tr><tr><td></td><td>-06/09/97--01177--007</td></tr><tr><td></td><td>****150.00 ****150.00</td></tr><tr><td>City</td><td>FL</td></tr><tr><td>Zip Code</td><td></td></tr></table>	Name		Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, etc.	9000002206609--7		-06/09/97--01177--007		****150.00 ****150.00	City	FL	Zip Code	
Name															
Street Address (P.O. Box Number is Not Acceptable)															
Suite, Apt. #, etc.	9000002206609--7														
	-06/09/97--01177--007														
	****150.00 ****150.00														
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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	OCEAN EXPLORATION CO,	7450 SW 105TH TER SUITE B	MIAMI FL
			9000002206609--7 -06/09/97--01177--008 *****42.75 *****42.75
			9000002206609--7 -06/09/97--01177--008 *****11.00 *****11.00 <i>A. Alan</i> 6/3/97

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>John Gasque</i>	4.26.97	305.662.9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) SEABORNE VENTURES, LLC	
2 Trade name of business (If different from name on line 1)	3 Executor, trustee, "care of" name JOHN GASQUE
4a Mailing address (street address) (room, apt., or suite no.) 7450 SW 105TH TERR	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code MIAMI Florida 3315L	5b City, state, and ZIP code
6 County and state where principal business is located	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 261-88-7634 JOHN GASQUE	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) ▶ _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal Government/military _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Church or church-controlled organization _____	
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Personal service corp. _____ <input checked="" type="checkbox"/> Limited liability co. _____ <input type="checkbox"/> National Guard _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
<input checked="" type="checkbox"/> Started new business (specify) ▶ FORMATION OF Seaborne Ventures <input type="checkbox"/> Hired employees _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			

10 Date business started or acquired (Mo., day, year) (See instructions.) August 12, 1996	11 Closing month of accounting year (See instructions.) December 31, 1996
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ NA

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0-. (See instructions.) . . . ▶	Nonagricultural 0	Agricultural	Household
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14 Principal activity (See instructions.) ▶ OCEAN OPERATIONS

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶ GOVERNMENT, UNIVERSITY, MOVIE COMPANIES	

17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ JOHN GASQUE Trade name ▶ NA

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN
TU 4.29.97

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)	Business telephone number (include area code) 305.662.9446
JOHN GASQUE	Fax telephone number (include area code) 305.662.9491 call

Signature ▶ John Gasque	Date ▶ TU 4.29.97
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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