File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 90 APR 29 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE NEDVEY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000867** 1a. Principal Place of Business Address SEABORNE VENTURES, LLC 7450 SW 105TH TER 7450 SW 105TH TER SUITE B SUITE B MIAMI FL 33156 MIAMI FL 33156 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 08/12/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0758941 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζ_iρ Country Zip Country \$8.75 Additional Fee Required 05/15/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GASQUE, JOHN 7450 SW 105TH TER Street Address (P.O. Box Number is Not Acceptable) SUITE B MIAMI FL 33156 Suite, Apl. #, etc. City Zıp 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required which reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR OCEAN EXPLORATION CO, 7450 SW 105TH TER SUITE B MIAMI FL 200002865852---05/06/99--01097--022 ****188.75 ****188.75 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. 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 trusted empowered to execute this report as required by Chapter 608, Florida Statules; and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R (12-98)

SIGNATURE:

SIGNATURE AND TYPE FOR PHILAD NAME OF SIGNING MANAGING MEMBER OF MANAGER

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CCANEXDIORATION