
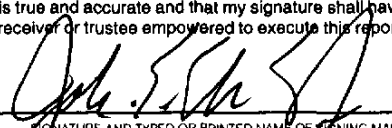


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 18 AM 8:29 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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000985		1a. Principal Place of Business Address	
BEAUTY'S ISLAND PROPERTIES LIMITED COMPANY 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957				1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0707325	
Country		Country		3a. State of Formation	
				FL	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
MURTY, TIMOTHY J ESQ. 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			300002090943--S		
			Suite, Apt. #, etc.		
			02/18/97 01100 000		
			****203.75 ****203.75		
			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	
MEM	JOHN MCENTEE, JOHN E SR.	181 BALLENTINE DRIVE		NORTH HALEDON NJ	
MEM	JOHN MCENTEE, JOHN E JR.	85 MIDWOOD ROAD		GLEN ROCK NJ	
MGRM	MOIR, DAVID	178 PRINCE GEORGE STREET		ANNAPOLIS MD	
MEM	MOIR, DOMINIQUE	178 PRINCE GEORGE STREET		ANNAPOLIS MD	
MEM	MCENTEE, RUTHANN	181 BALLENTINE DRIVE		NORTH HALEDON NJ	
MEM	MCENTEE, PATRICIA S.	85 MIDWOOD ROAD		GLENROCK NJ	
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:  2/3/97 (201) 796-6633					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					