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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham



APPROVED AND FILED

ANNUAL REPORT 1997		Secretary of DIVISION OF COR			MAR TO AM	·
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001105				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
of Limited Liability Company	DOCUMEN	#L9600000	1105			
ATOCHA MARGARITA EXPEDITION - 1997, L.C.				1a. Principal Place of Business Address		
200 GREENE STREET KEY WEST FL 33040				200 GREENE STREET KEY WEST FL 33040		
if above malling address is incorrect in			orrection in Block 2a			
2. Principal Place of Business 2a.		2a. Mailing Address		3. Date Organized or Qualified 3a. State of Formation		
Sulte, Apt. #, etc. Su		Suite, Apt. #, etc.		10/17/1996 FL 4. FEI Number		
				4. 121 Number		Applied For
City & State		City & State				Not Applicable
Zip Country	Zip	Coul	ntry	5. Date of Last Repo		ate of Status Desired
7. Name and Addr	ess of Current Registere	d Agent	Name	8. Name and Address	of New Registered A	gent
200 GREENE STREET KEY WEST FI, 33040 • Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, I its registered office or registered agent, or both, in the State of Florida. Such change was registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent accepting Appointment)			Suite, Apt. #, etc City above-named limite authorized by affirm	Zip Code FL Zip Code Juint in the purpose of changing attive vote of a majority of the members. I hereby accept the appointment		
10. Title Managing Me		Business Street Address		City, State and	Zip Code	
	COVERY, INC	200 GREENE	STREET	8000	7 WEST FL 002110 -03/11/970: ****203.75	1126004
					<u></u>	3MM

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 Ilmited 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: ⊀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #