



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	
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 #L96000001291 TPI. INTERNATIONAL LC 1201 HAYS STREET TALLAHASSEE FL 32301		1a. Principal Place of Business Address 1201 HAYS STREET TALLAHASSEE FL 32301	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
2/11/1996		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired	
		Sb 75. Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) 000002163200--5 Suite, Apt. #, etc. 05/02/97 01057-004 ****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 renewing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CROSHAW, PHILIP M	THE AVENUE	SARK, CHANNEL ISLANDS
MGRM	GRASSICK, JAMES W	LA COLLINETTE	SARK, CHANNEL ISLANDS
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: 		30/01/97.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	