

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

98 APR 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000001291
TPL INTERNATIONAL LC 1201 HAYS STREET TALLAHASSEE FL 32301	

1a. Principal Place of Business Address 1201 HAYS STREET TALLAHASSEE FL 32301

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address COMPANIES HOUSE TOWER STREET RAMSEY, ISLE OF MAN BRITISH ISLES
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3. Date Organized or Qualified 12/11/1996	3a. State of Formation FL
4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/29/1997	6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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
MGRM	CROSHAW, PHILIP M	THE AVENUE	SARK, CHANNEL ISLAND
MGRM	GRASSICK, JAMES W	LA COLLINETTE	SARK, CHANNEL ISLAND

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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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date _____ Daytime Phone # _____



ACCOUNT NO. : 072100000032

REFERENCE : 786943 . 11361A

AUTHORIZATION :

Patricia Pzyt

COST LIMIT : \$ 188.75

ORDER DATE : April 18, 1998

ORDER TIME : 10:30 AM

ORDER NO. : 786943-020

CUSTOMER NO: 11361A

CUSTOMER: Ms. Teresa Swift
Overseas Company Registration
Companies House, P.O. Box 28
Tower Street, Ramsey
Isle Of Man, UK IM81JA

ANNUAL REPORT FILING

NAME: TPL INTERNATIONAL LC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBORAH SCHRODER

EXAMINER'S INITIALS: _____

RECEIVED
98 APR 30 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
TELEPASSPORT SECTION