
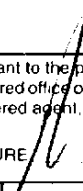
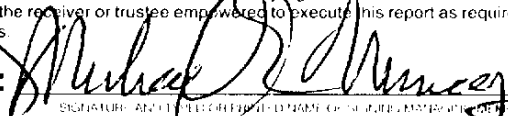


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ISLAND OF MARINA POINT HARBOR DEVELOPMENT, I.C. 1399 W STATE RD 434 LONGWOOD FL 32750		DOCUMENT # L97000000042		1a. Principal Place of Business Address 1399 W STATE RD 434 LONGWOOD FL 32750	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 01/02/1997 3a. State of Formation FL 4. FEI Number 59-3421749 5. Date of Last Report 11/25/1998	
7. Name and Address of Current Registered Agent MURRAY, MICHAEL E 1399 W STATE RD 434 LONGWOOD FL 32750		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			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MURRAY, MICHAEL E	1399 W STATE RD 434		LONGWOOD FL	
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: 		3/10/99		407-331-4300	