
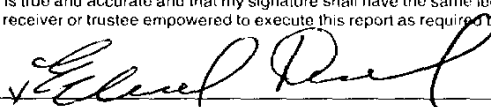


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT 1999		 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		FILED 99 MAR 15 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name and Mailing Address of Limited Liability Company ATLAS AIRPORTS INTERNATIONAL, L.C. PO BOX 511057 PUNTA GORDA FL 33951		DOCUMENT # L97000000208	
2. Principal Place of Business 318 Tamiami Tr., #4 Suite, Apt. #, etc.		1a. Principal Place of Business Address 318 TAMIA MI TRAIL #4 PUNTA GORDA FL 33950	
2a. Mailing Address Same Suite, Apt. #, etc.		3. Date Organized or Qualified 02/17/1997	
City & State Punta Gorda, FL		3a. State of Formation FL	
Zip 33950-4870		4. FEI Number 65-0754694 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		5. Date of Last Report 04/16/1998	
Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent DRESEL, ANABELLE Z 318 TAMIA MI TRAIL, UNIT 4 PUNTA GORDA FL 33950		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 9000028114729 Suite, Apt. #, etc. 03/23/99-01017-020 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOT: Registered Agent Signature required when re-appointing)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DRESEL, EDWARD G	318 TAMIA MI TRAIL STE 4	PUNTA GORDA FL
MEM	DRESEL, ANABELLE	318 TAMIA MI TRAIL	PUNTA GORDA 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: 		March 11, 1999 941-505-PS23	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)		Type of Person	