LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 22 PM 2: 14					
\$ 188	.75 Make Check Payabl	e To: FLOR	IDA DEF	ARTMEN	IT OF ST	ATE	1				
1. Name of Lim	and Mailing Address ited Liability Company	UMENT	* L	970000	0050	5					
BLSS, L.C. 411 CATHERINE STREET KEY WEST FL 33040							1a. Principal Place of Business Address 411 CATHERINE STREET KEY WEST FL 33040				
2 Principal Place of Business 2a. Maili			ng Address				Date Organized or Qualified   3a. State of Formation				
Suite, Apt. #, etc. Suite, Ap			f #. etc			05/05/1997		FL			
						4. FEI Number			Applied For		
City & State City & St.		ate				65-0751046  5. Date of Last Report		E Cortifica	Not Applicable ate of Status Desired		
Zip Country Z p			Country				04/20/1998		\$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent						8. 1	Name and Address of New Registered Agent/Office			VOffice	
CORPORATE CREATIONS , 15210 AMBERLY DRIVE SUITE 328 TAMPA FL 33647					Name Street Address (P.O. Box Number is Not Acceptable)						
				Suite, Apt #, etc.							
				City			FL Zip Code /				
its register	ant to the provisions of Sections 608.4 red office or registered agent, or both, in rred agent, and accept the obligations.										
SIGNATURE (Register of Agent A. Lephing Appointment). (If it It. Register of Agent agent were a productive.)							DATE				
10. Title	Managing Members/Managers			Business Street Address				City, Stale and Zip Code			
MGRM	STROTHER, PAMELA A 411 CATHE			RINE STREET			KEY WEST FL				
MGRM	BOOTH, DONALD R 411 CATE			CATHE	ERINE STREET			KEY WEST FL			
MGRM	SUOTO, RONALD 411 CA			CATHE	ERINE STREET			KEY WEST FL			
	LEANDER, KEVIN		411 CATHERINE STRI			STRE	EET KEY WEST FL				
MGRM											
MGRM	,	ı					51	-04/2	9/99	7375 01112017 ****188.79	

11 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i). Flonda 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:

OH 25/19

305-291-679

INHSE10 R (12-98)