


on or before May 1, 1998 or Limited Liability Company will be
ect 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 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000522
GRAHAMS EXPORT IMPORT LLC THE AVENUE, SARK CHANNEL ISLANDS	

1a. Principal Place of Business Address
THE AVENUE, SARK CHANNEL ISLANDS

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	COMPANIES HOUSE
City & State	TOWEE STREET
Zip	CITY & STATE RAMSEY, ISLE OF MAN
Country	Zip
	BRITISH ISLES

3. Date Organized or Qualified	3a. State of Formation
05/14/1997	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

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
MGR	CROSHAW, PHILIP M	THE AVENUE, SARK	CHANNEL ISLANDS
MGR	GRASSICK, JAMES W	LA COLLINETTE, SARK	CHANNEL ISLANDS
			700002506807--B
			dec

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 786943 11361A

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 188.75

ORDER DATE : April 18, 1998

ORDER TIME : 10:25 AM

ORDER NO. : 786943-015

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: GRAHAMS EXPORT IMPORT LLC

RECEIVED
98 APR 30 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATE
FINANCIAL SERVICES
TALLAHASSEE, FL 32310

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: _____