


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>98 MAR 30 PM 12:42</b>  #412	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>CHYPAN TRADING LC</b> <b>LA COLLINETTE</b> <b>SARK</b> <b>CHANNEL ISLANDS</b>		<b>DOCUMENT #</b> L97000000881		1a. Principal Place of Business Address  <b>LA COLLINETTE</b> <b>SARK</b> <b>CHANNEL ISLANDS</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address <b>1220 N. Market St.</b>  Suite, Apt. #, etc. <b>Suite 606</b>  City & State <b>Wilmington, DE</b>  Zip      Country <b>19801      USA</b>		3. Date Organized or Qualified <b>8/11/1997</b>  4. FEI Number  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable  5. Date of Last Report  6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS ENTERPRISES, INC.</b> <b>4521 PGA BOULEVARD #211</b> <b>PALM BEACH FL 33418</b>		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 <b>FL</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GRASSICK, JAMES WILLIA	LA COLLINETTE/SARK		CHANNEL ISLANDS	
MGR	CROSHAW, PHILIP MARK	LA COLLINETTE/SARK		CHANNEL ISLANDS	
				000002480530--1 -04/07/98--01010--011 ****188.75 ****188.75	
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: <u>Janet M. Caruccio</u> 3/27/98 303-421-5750 Janet M. Caruccio, Attorney-in-fact for Philip Mark Croshaw, Manager					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date      Daytime Phone #	