File on or before May	1, 1999 or Limited Liabilit	y Company <sup>1</sup>	will be
sub)ect to a \$ 400.00			

INHSE10 R (12-98)



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 \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L9700000881						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 22 PM 2: 07				
CHYPAN TRADING LC 1220 N. MARKET ST, SUITE 606 WILMINGTON DE 19801					1a. Principal Place of Business Address  LA COLLINETTE  SARK  CHANNEL ISLANDS					
2 Principa	al Place of Busin	ess	2a. Mailir	ng Address		3. Date Organize 08/11/1		3a. State	of Formation	
Suite, Apt.	#, e1c		Suite, Apt	. #, etc.			4, FEI Number		İ	
City & Stat	1e		City & Sta	te			NOT APPLICABLE			Not Applicable
Zip		Country	Zip		Count	······································	5. Date of Last R. 03/30/1	•	l	cate of Status Desired
	7. Name a	nd Address of Cu	rrent Registered	Agent		8. Name	Name and Address	of New Regis	tered Ager	nt/Office
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Codd  Suite, Apt. #, etc.  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 agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.										
SIGNATU	RE	(Hegistered Agent Asc	epting Approximent) (N	OTE: Respected April	d's goaler	e traj disal when the trabalde)	[3	)ATE		· · · · · - · ·
10. Title	Mana	iging Members/Mai	nagers	<u> </u>	Busine	ess Street Address City, State and Zip Code		Zip Code		
MGR MGR MBR	CROSHA	CK, JAMES W, PHILII NOMINEES	MARK	LA COLLINETTE/SARK LA COLLINETTE/THE P.O. BOX 362 N/A				L <b>A</b> NDS		
indicated of limited hab	on this annual rep	ort is true and accu	irate and that my si	ignature shall ha	ave the a	same legal effect as equired by Chapter 6	ction 119.07(3) (i), Fi it made under oath, i08. Florida Statutes	**** 1 3 lorida Statutes that I am a man and that my n	Hurther cer	31.422 01052004 ****188.75 tily that the information aber or manager of the s in Block 10, or on an Oshaw, mgr