
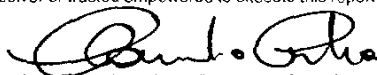


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 23 AM 8:22

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS													
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 197000000904 FLORIDAYS INTERNATIONAL L.C. 93, CHANTECLAIRE CIRCLE GULF BREEZE FL 32561		1a. Principal Place of Business Address 93, CHANTECLAIRE CIRCLE GULF BREEZE FL 32561													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country													
3. Date Organized or Qualified 08/15/1997		3a. State of Formation FL													
4. FEI Number 59-3465888		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Date of Last Report 03/11/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent CUTRONE, FABRIZIO 93, CHANTECLAIRE CIRCLE GULF BREEZE FL 32561		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 _____													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>CUTRONE, CLAUDIO</td> <td>93, CHANTECLAIRE CIRCLE</td> <td>GULF BREEZE FL</td> </tr> <tr> <td>MGRM</td> <td>BARRON, CATHERINE</td> <td>93, CHANTECLAIRE CIRCLE</td> <td>GULF BREEZE FL</td> </tr> </table>				10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	CUTRONE, CLAUDIO	93, CHANTECLAIRE CIRCLE	GULF BREEZE FL	MGRM	BARRON, CATHERINE	93, CHANTECLAIRE CIRCLE	GULF BREEZE FL
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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:  CLAUDIO CUTRONE		3/16/99 850-916.3191													