


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000001237**  
  
BLUE TARPON HOTELS L.C.  
14914 WINDING CREEK COURT, SUITE 101  
TAMPA FL 33613

**FILED**  
98 SEP -4 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business Blue Tarpon Hotels L.C. Suite, Apt. #, etc. 4005D US Highway 19 City & State Tarpon Springs, FL Zip 34689	2a. Mailing Address Blue Tarpon Hotels % Ampak Inc. Suite, Apt. #, etc. Suite 101 4914 Winding Creek Court City & State Tampa, FL Zip 33613 Hillsborough
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1a. Principal Place of Business Address  
14914 WINDING CREEK COURT, S  
TAMPA FL 33613

3. Date Organized or Qualified 11/01/1997	3a. State of Formation FL
4. FEI Number 59-3476101	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
JANJUA, JAVED R  
14914 WINDING CREEK COURT, SUITE 101  
TAMPA FL 33613

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

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	JANJUA, JAVED R	14914 WINDING CREEK COURT,	TAMPA FL
MGR	HOWITT, JACK DR.	758 SOUTH AVENUE	ROCHESTER NY

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\*\*\*\*588.75 \*\*\*\*588.75  
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)(l), 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:   
7/24/98 813/269-9600  
Date Daytime Phone #