File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 98 MAR 16 AM 10: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001425 1a. Principal Place of Business Address DESTINY YACHTS, L.C. 401 S.W. 1ST AVENUE 401 S.W. 1ST AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 12/22/1997 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Žip Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MAASS, ROBB R Street Address (P.O. Box Number is Not Acceptable) ALLEY, MAASS, ROGERS & LINDSAY, P.A. 900002461583----03/19/98--01003--015 321 ROYAL POINCIANA PLAZA Suite, Apt. #, etc. PALM BEACH FL 33480 \*\*\*\*188.75 \*\*\*\*188.75 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 **Business Street Address** Managing Members/Managers City, State and Zip Code MGR WEINER, EDWARD G 600 GOLDEN HARBOR DRIVE BOCA RATON FL MGR SANDERS, C. THOMAS 110 N. DIXIE HIGHWAY STUART FL

11. Ido 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 training 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 TXPED OR PRINTED MANE OF SIGNING MANAGING MEMBER OR MANAGER

2/24/98

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