


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 22 PM 2: 15

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 # L98000000240 CLAXTON PACIFIC LC 1220 N. MARKET ST., SUITE 606 WILMINGTON, DE 19801		1a. Principal Place of Business Address LA COLLINETTE SARK, CHANNEL ISLANDS	
2. Principal Place of Business 1220 N. Market St. Suite, Apt. #, etc. Suite 606 City & State Wilmington, DE 19801 Zip Country	2a. Mailing Address 1220 N. Market St. Suite, Apt. #, etc. Suite 606 City & State Wilmington, DE 19801 Zip Country	3. Date Organized or Qualified 02/26/1998	3a. State of Formation FL
		4. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 Corporate Creations Enterprises INC. 4521 PGA Boulevard #211 Palm Beach Gardens, FL 33418		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 <i>MH</i>	
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	Croshaw, Philip M.	The Avenue	Sark, Channel Islands
MGR	Grassick, James W.	La Collinette	Sark, Channel Islands
900002852529--4 -04/27/99--01018--001 ***4341.25 ***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. Janet M. Caruccio Attorney-in-fact for Philip M. Croshaw, MGR			
SIGNATURE: <i>Janet M. Caruccio</i>		Date: <i>4/30/99</i>	Daytime Phone #: <i>302-431-5750</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>