


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -7 PM 2:22

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company U.S.A. SENIOR GOLF TOUR, L.C. 214 AUGUSTA AVENUE DAVENPORT FL 33837	DOCUMENT # L98000000314
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1a. Principal Place of Business Address 214 AUGUSTA AVENUE DAVENPORT FL 33837

2. Principal Place of Business U.S.A. SENIOR GOLF TOUR, L.C. Suite, Apt. #, etc. City & State Kissimmee, FL Zip 34746	2a. Mailing Address 4648th ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. City & State Kissimmee FL Zip 34746
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3. Date Organized or Qualified 03/16/1998	3a. State of Formation FL
4. FEI Number 59-3490718	<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 JOHNSON, WILLIAM E 214 AUGUSTA AVENUE DAVENPORT FL 33837	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4648 So. ORANGE Blossom Trail Suite, Apt. #, etc. City Kissimmee Zip Code FL 34746
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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. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when changing office)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JOHNSON, WILLIAM E	214 AUGUSTA AVENUE 4648 So. ORANGE Blossom TRAIL	DAVENPORT FL Kissimmee, FL

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****188.75 ****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. 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: William E. Johnson 3/23/99 407-518-0823
SIGNATURE AND TYPE OF OFFICIAL REQUIRED FOR LIMITED LIABILITY COMPANY AND LIMITED PARTNERSHIP