
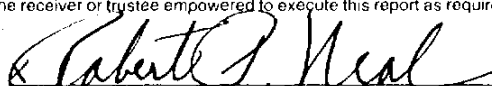


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # 198000000485 AQUA TOURS, L.C. 800 CLAUGHTON ISLAND DRIVE, UNIT 1502 MIAMI FL 33139		1a. Principal Place of Business Address 800 CLAUGHTON ISLAND DRIVE, MIAMI FL 33139	
2. Principal Place of Business 300 BISCAYNE BLVD WAY # 220 Suite, Apt. #, etc. MIAMI FL City & State MIAMI FL Zip 33131 Country USA	2a. Mailing Address 300 BISCAYNE BLVD WAY # 220 Suite, Apt. #, etc. MIAMI FL City & State MIAMI FL Zip 33131 Country USA	3. Date Organized or Qualified 04/20/1998	3a. State of Formation FL
		4. FEI Number 65-0818540	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent STINSON, LOUIS JR 4675 PONCE DE LEON BOULEVARD, SUITE CORAL GABLES FL 33146		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 _____	
(By Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not at filing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NEAL, ROBERT P	800 CLAUGHTON ISLAND DRIVE	MIAMI FL
MGRM	STINSON, LOUIS JR	4675 PONCE DE LEON BOULEVARD	CORAL GABLES FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 		2-18-99 305-579-8687	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER		Do Not Print	