


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 2:16

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 ABRAHAMSON LC % REGISTERED AGENTS LTD. 1220 NORTH MARKET ST., SUITE 606 WILMINGTON DE 19801	DOCUMENT # L98000000509
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1a. Principal Place of Business Address % REGISTERED AGENTS LTD. 1220 NORTH MARKET ST., SUITE WILMINGTON DE 19801

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 04/23/1998	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 \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISE, 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
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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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
NGR	CROSHAW, PHILIP MARK	THE AVENUE	SARK, CHANNEL ISLAND
NGR	GRASSICK, JAMES WILLIA	LA COLLINETTE	SARK, CHANNEL ISLAND

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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.

SIGNATURE: Janet M. Caruccio **Attorney-in-fact for Philip M. Croshaw, Mngr**
4/20/99 302-431-5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER