

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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR -7 PM 2:21

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L98000000669
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EXPLORERS INVESTMENT GROUP, L.C.  
7241 TANGLEWOOD DRIVE  
NEW PORT RICHEY FL 34654

1a. Principal Place of Business Address  
7241 TANGLEWOOD DRIVE  
NEW PORT RICHEY FL 34654

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 05/26/1998	3a. State of Formation FL
4. FEI Number 59 - 3512653	<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 type="checkbox"/>

7. Name and Address of Current Registered Agent HOGER, NORMAN G 7241 TANGLEWOOD DRIVE NEW PORT RICHEY FL 34654
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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
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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 transferring)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GUPTA FAMILY - LIMIT,	3520 SHORELINE AVENUE	PAIM HARBOR FL
MGRM	ANTHONY, CHARLES	1026 SOUTH POINT ALEXIS DR	TARPON SPRINGS FL
MGRM	ANTHONY, LASANDRA	1026 SOUTH POINT ALEXIS DR	TARPON SPRINGS FL
MGRM	ZUBILLAGA, CARLOS A TR	4620 PROFESSIONAL LOOP	NEW PORT RICHEY FL
MGRM	ROSARIO, ANGEL TRUSTEE	5307 MAIN STREET	NEW PORT RICHEY FL
MGRM	HOGER, NANCY B TRUSTEE	7241 TANGLEWOOD DRIVE	NEW PORT RICHEY 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. 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: Morm A. Hoyer 3/8/99 7:27 8484600