


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED JUL 19 AM 11:55 TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000692		1a. Principal Place of Business Address	
TIDES INN ACQUISITION COMPANY, L.C. 2100 CRAYTON ROAD NAPLES FL 34102				2100 CRAYTON ROAD NAPLES FL 34102	
2. Principal Place of Business 1801 GULF SHORE BLVD Suite, Apt. #, etc.		2a. Mailing Address 1801 GULF SHORE BLVD ND Suite, Apt. #, etc.		3. Date Organized or Qualified 05/28/1998	
City & State NAPLES FL		City & State NAPLES FL		3a. State of Formation FL	
Zip 34102		Zip 34102		4. FEI Number 59-3512883 <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 GRANT, SCOTT M 3341 TAMiami TRAIL NORTH NAPLES FL 34103				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				000002950540 -08/04/93--01072--011 ***588.75 ***588.75 FL	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	AMERIGO MANAGEMENT C,	2100 CRAYTON ROAD		NAPLES 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)(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: J. TALOMBO J. Talombo Mgr 7/15/99 9412626196 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					