
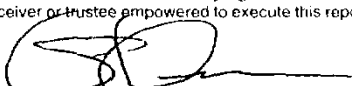


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>TIDES INN MANAGEMENT COMPANY, L.C.</b> <b>2100 CRAYTON ROAD</b> <b>NAPLES FL 34102</b>		<b>DOCUMENT # L98000000693</b>		1a. Principal Place of Business Address <b>2100 CRAYTON ROAD</b> <b>NAPLES FL 34102</b>	
2. Principal Place of Business <b>1801 GULF SHORE BLVD NO</b> Suite, Apt. #, etc.		2a. Mailing Address <b>SAHE</b> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>05/28/1998</b>	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		3a. State of Formation <b>FL</b>	
Zip <b>34102</b>	Country <b>COLLIER</b>	Zip <b>34102</b>	Country <b>FL</b>	4. FEI Number <b>59-3512882</b>	
5. Date of Last Report				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>GRANT, SCOTT M</b> <b>3341 TAMiami TRAIL NORTH</b> <b>NAPLES FL 34103</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>500002811055--4</b> Suite, Apt. #, etc. <b>03/18/99--01089--019</b> <b>****188.75 ****188.75</b> City <b>FL</b>		
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 _____ <small>(Registered Agent Accepting Appointment)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	AMERIGO MANAGEMENT C,	2100 CRAYTON ROAD		NAPLES FL	
<div style="text-align: right; font-size: 2em; font-family: cursive;">             SL              3-17-99           </div>					
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: 		Sid Kalman		3/9/99 941 762-6196	