


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 PM 1:10	
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 # L98000001060		1a. Principal Place of Business Address	
JACKSON MARINE NORTH, L.C. % JACKSON MARINE CENTER 1915 SOUTHWEST 21ST AVENUE FT. LAUDERDALE FL 33312				% JACKSON MARINE CENTER 1915 SOUTHWEST 21ST AVENUE FT. LAUDERDALE FL 33312	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/14/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		52-1498228	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
MIAMI CENTER REGISTE, RED AGENTS 201 SOUTH BISCAYNE BOULEVARD, 17TH F MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
		100002806014--9 -03/15/99--01103--008 ****188.75 ****188.75 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		DATE			
(Registered Agent Accepting Appointment) (DO NOT SIGN IF NEW AGENT OR IF AGENT IS A CORPORATION)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JACKSON, WOODLAN	P.O. BOX 483		NORTH EAST MD	
MGRM	JACKSON, PATRICIA ANN	1915 S.W. 21ST AVENUE		FT. LAUDERDALE FL	
MGRM	JACKSON, WILLIAM F	1915 S.W. 21ST AVENUE		FT. LAUDERDALE FL	
MGRM	MCGLYNN, DONNA JACKSON	1915 S.W. 21ST AVENUE		FT. LAUDERDALE 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:		2/18/99 (957) 772 4900			
SIGNATURE AND PRINTED NAME OF SIGNER		SIGNATURE AND PRINTED NAME OF MEMBER			