


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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 MAR 11 PM 1:10

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  <b>JACKSON MARINE SOUTH, L.C.</b> <b>% JACKSON MARINE CENTER</b> <b>1915 SOUTHWEST 21ST AVENUE</b> <b>FT. LAUDERDALE FL 33312</b>	<b>DOCUMENT # L98000001063</b>
---	--------------------------------

1a. Principal Place of Business Address  <b>% JACKSON MARINE CENTER</b> <b>1915 SOUTHWEST 21ST AVENUE</b> <b>FT. LAUDERDALE FL 33312</b>
--

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 <b>07/14/1998</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>52-1498228</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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>MIAMI CENTER REG1STE, RED AGENTS</b> <b>201 SOUTH BISCAYNE BLVD., 17TH FLOOR</b> <b>MIAMI FL 33131</b>	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>8000002806018-8</b> <b>03/15/99-01103-000</b> <b>FL 188.75 ****188.75</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 _____	DATE _____
-----------------	------------

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JACKSON, WOODLAN T	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. 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.  <b>SIGNATURE: <i>Robert A. Gach</i></b>	<b>2/18/99 (951) 792-4900</b>
---	-------------------------------