
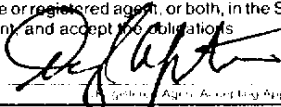

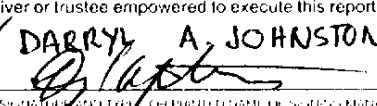


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---|--|--|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED APR 26 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 # L9800001915 U-TOW-IT JET SKI RENTAL, L.L.C. 8360 WEST FLAGLER, SUITE 200 MIAMI FL 33144 | | 1a. Principal Place of Business Address 8360 WEST FLAGLER, SUITE 200 MIAMI FL 33144 | | | |
| 2 Principal Place of Business 300 SW 21 Terrace Suite, Apt. #, etc. A-100 City & State FT. LAUDERDALE Zip 33312 | | 2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 09/21/1998 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | 4. FEI Number 65-08-77152 | | 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent JOHNSTON, DARRYL 8360 WEST FLAGLER, SUITE 200 MIAMI FL 33144 | | | 8. Name and Address of New Registered Agent/Office Name DARRYL JOHNSTON Street Address (P.O. Box Number is Not Acceptable) 4870 NW 65th Ave. Suite, Apt. #, etc. City LAUDERHILL FL Zip Code 33319 | | |
| 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: 4-22-99 | | | | | |
| 10. Title Managing Members/Managers | | Business Street Address | | City, State and Zip Code | |
| MGRM JOHNSTON, DARRYL | | 8360 WEST FLAGLER, SUITE 2 | | MIAMI FL | |
| MGRM JOHNSTON, LYLE | | 8360 WEST FLAGLER, SUITE 2 | | MIAMI FL | |
| 500002868735--8 -05/05/99--01068--011 ***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:  DATE: 4/22/99 1954-799-8685 | | | | | |