

**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  
99 MAY -3 PM 1:01

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 # L98000001941**

SOUTHPORT CALYPSO, L.C.  
2507 POST ROAD  
SOUTHPORT CT 06490

1a. Principal Place of Business Address  
2507 POST ROAD  
SOUTHPORT CT 06490

2. Principal Place of Business

2507 Post Road

2a. Mailing Address

P O Box 527

3. Date Organized or Qualified

09/21/1998

3a. State of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

06-1536018

Applied For  
 Not Applicable

City & State

Southport CT

City & State

Southport CT

Zip

06490

Country

USA

Zip

06490

Country

USA

5. Date of Last Report

6. Certificate of Status Desired

58.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

GILLESPIE, R. BOWEN III  
GILLESPIE & ALLISON, P.A.  
1515 SOUTH FEDERAL HIGHWAY, SUITE 30  
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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 re-instating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

DELO, DAVID

2507 POST ROAD

SOUTHPORT CT

900002873239--5  
-05/13/99--01008--025  
\*\*\*\*197.50 \*\*\*\*197.50

LC  
5-10-99

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: David J DeLo

4/23/99

203-255-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER/MEMBER OR MANAGER

DATE

TELEPHONE NUMBER