


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	
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 # L98000002318	
THE BARONESS BROKERAGE AND CHARTERS, LLC 222 LAKEVIEW AVE., SUITE 160-258 PALM BEACH FL 33401		1a. Principal Place of Business Address 222 LAKEVIEW AVE., SUITE 160 PALM BEACH FL 33401	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
10/15/1998		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
62-1757859		6. Certificate of Status Desired	
5. Date of Last Report		\$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	
MCPHERSON, CHIP <i>Misspell</i> 222 LAKEVIEW AVE., SUITE 160-258 PALM BEACH FL 33401		Name <i>MacPherson, Chip</i> 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 <i>[Signature]</i>		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCPHERSON, CHIP	222 LAKEVIEW AVE., SUITE 1	PALM BEACH FL
		5.00002874655--\$ -05/13/99--01117--005 ****188.75 ****188.75	
		AL APR 12 1999	
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: <i>[Signature]</i>			