	ED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 22 PH 2: 16			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								
1. Name of Lim	and Mailing Address ited Liability Company	MEN.	T# _{L98(}	0000	02564	1s. Principal P	lace of Business	: Address
	MORAN INTERNATIONA 1220 NORTH MARKET WILMINGTON DE 1980	T, SUITE 606			1220 NORTH MARKET STREET, SU WILMINGTON DE 19801			
2 Principal Place of Business 2a. Ma			iling Address			Date Organized or Qualified 3a. State of Formation		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			11/04/1998 FL 4. FEI Number Applied For			
City & Sta	ite	City & State				_	Not Applicabl	
Zip	Country	Zip		Coun	iry	5. Date of Last	Report	6. Certificate of Status Desired 88.75 Additional Fee Required
4521 PALM Parsua Parsua Parsua Parsua	ORATE CREATIONS , PGA BLVD., #211 BEACH GARDENS FL ant to the provisions of Sections 608.416 and office or registered agent, or both, in the red agent, and accept the obligations RE (Registered Agent Accepting Managing Members/Manager	33418 and 608 508 State of Fic	3, Florida Statute orida. Such chan	es, the alge was a	Suite, Apt #, etc City bove-named limited uthorized by affirma	liability company stive vote of a major	FL. submits this state ity of the membe. DATE	Zip Code Zip Code ament for the purpose of changing is. I hereby accept the appointment
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IGR IGR	AKATSA, DEBRA GRACE RATH, NATALIE		ENGLISH RIVER ANSE BOILEAU				i	RIA, MAHE SEYCH
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dicated o nited liabi	eby certify that the information supplied wit in this annual report is true and accurate a illity company or the receiver or trustee em it with an address. Janet M. Car	nd that my s nowered to	signature shall ha	ave the s	ame legal effect as	if made under oath	i; that I am a mar	naging member or manager of the

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