


**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 00113 12 01 9:22	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000002604</b>  CABLE WATER SKI, L.C. 6279 BENT PINE DRIVE, #1324B ORLANDO FL 32822		1a. Principal Place of Business Address  6279 BENT PINE DRIVE, #1324B ORLANDO FL 32822			
2. Principal Place of Business 8808 Florida Rock Rd Suite, Apt. #, etc.		2a. Mailing Address 8808 Florida Rock Rd Suite, Apt. #, etc.		3. Date Organized or Qualified 11/06/1998	
City & State ORLANDO, FL 32809		City & State ORLANDO, FL 32809		3a. State of Formation FL	
Zip Country		Zip Country		4. FEI Number 59-3573426 <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  FUSSEK, KAI 6279 BENT PINE DRIVE, #1324B ORLANDO FL 32822			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent, Capital Agent, Secretary, Treasurer, Registered Agent/Signatory, or Limited Liability Company)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HOFMANN, RENE	6279 BENT PINE DRIVE, #132		ORLANDO FL	
MGR	FUSSER, KAI	6279 BENT PINE DRIVE, #132		ORLANDO FL	
MGR	EGO, CARMEN	6279 BENT PINE DRIVE, #132		ORLANDO FL	
500002880615 -05/20/99--01010--006 ****188.75 ****188.75					

*with 5/13*

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:** *Rene D Hofmann* RENE HOFMANN 03-31-99