File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS COLPR 25 FH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L9800002617 1a. Principal Place of Business Address LOOKING GLASS MARINE, L.C. 140 19TH ROAD, LOT #1 WEST POINT NE 68788 140 19TH ROAD, LOT #1 WEST POINT NE 68788 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 11/09/1998 4. FEI Number Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For 58-2424272 5. Date of Last Report City & State City & State 6. Certificate of Status Desired Country 1ST REPORT 8. Name and Address of New Registered AgenVOffice 7. Name and Address of Current Registered Agent HAYES, WARREN D SR. 321 ROYAL POINCIANA PLAZA SOUTH Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Arreighting Applications) - (MDE They stered Agent Signature to see it which they dath on **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM KOTTMAN, MARVIN 140 19TH ROAD, LOT #1 WEST POINT NE MGRM ENGINEERING PHYSICS 11934 CYPRESS WOOD HOUSTON, TX 77070 CORP 507/06/39--01003--023 **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, Fjorida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING MANALINE (MEMBER OR MANAGER)