


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 S. ALBANY ST. TALLAHASSEE, FL 32304																					
<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>																							
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000002711</b>  SPECIALTY MARINE GROUP, L.C. <del>1416 INTREPID DRIVE</del> <del>DELAND FL 32724</del>		<b>1a. Principal Place of Business Address</b>  1416 INTREPID DRIVE DELAND FL 32724																							
<b>2. Principal Place of Business</b> 5797-C LAKE WINONA RD Suite, Apt. #, etc.  City & State DeLeon Springs, FL Zip Country 32130 USA		<b>2a. Mailing Address</b> P.O. Box 549 Suite, Apt. #, etc.  City & State DeLeon Springs, FL Zip Country 32130 USA		<b>3. Date Organized or Qualified</b> 11/16/1998  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 593543080 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																					
<b>7. Name and Address of Current Registered Agent</b>  SHIRLEY, MIKE <del>1416 INTREPID DRIVE</del> <del>DELAND FL 32724</del>		<b>8. Name and Address of New Registered Agent/Office</b> Name  Street Address (P.O. Box Number is Not Acceptable) 5797-C LAKE WINONA RD Suite, Apt. #, etc.  City Zip Code DeLeon Springs FL 32130																							
<b>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.</b> SIGNATURE <u>Michael R. Shirley</u> DATE <u>4-23-99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when submitting)</small>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>SHIRLEY, ROB</td> <td>5797-C LAKE WINONA RD 1416 INTREPID DRIVE</td> <td>DeLeon Springs FL 32130 <del>DELAND FL</del></td> </tr> <tr> <td>MGR</td> <td>SHIRLEY, MIKE</td> <td>5797-C LAKE WINONA RD 1416 INTREPID DRIVE</td> <td>DeLeon Springs FL 32130 <del>DELAND FL</del></td> </tr> <tr> <td>MGR</td> <td>MAHLER, GARY</td> <td>5797-C LAKE WINONA RD 1416 INTREPID DRIVE</td> <td>DeLeon Springs FL 32130 <del>DELAND FL</del></td> </tr> <tr> <td>MGR</td> <td>LAPoint, KRIS</td> <td>5797 LAKE WINONA RD.</td> <td>DeLeon Springs FL 32130</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	SHIRLEY, ROB	5797-C LAKE WINONA RD 1416 INTREPID DRIVE	DeLeon Springs FL 32130 <del>DELAND FL</del>	MGR	SHIRLEY, MIKE	5797-C LAKE WINONA RD 1416 INTREPID DRIVE	DeLeon Springs FL 32130 <del>DELAND FL</del>	MGR	MAHLER, GARY	5797-C LAKE WINONA RD 1416 INTREPID DRIVE	DeLeon Springs FL 32130 <del>DELAND FL</del>	MGR	LAPoint, KRIS	5797 LAKE WINONA RD.	DeLeon Springs FL 32130
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<b>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.</b> SIGNATURE: <u>Michael R. Shirley</u> MGR MIKE SHIRLEY 4-23-99 904 985-2502 <small>SIGNATURE AND TYPE OF CERTIFIED NAME OF GROUP, MANAGER, MEMBER OR MEMBER</small>																									