


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

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<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	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000002838</b>  BOCA POWELL, L.L.C. <del>36750 U.S. HIGHWAY 19</del> <del>TARPON SPRINGS FL 34689</del>  44-AD CM		<b>1a. Principal Place of Business Address</b>  36750 U.S. HIGHWAY 19 TARPON SPRINGS FL 34689	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip  Country	<b>2a. Mailing Address</b>  P.O. 1088  Suite, Apt. #, etc.  City & State TARPON SPRINGS, FL.  Zip 34688 Country USA	<b>3. Date Organized or Qualified</b>  11/19/1998  <b>4. FEI Number</b>    <b>5. Date of Last Report</b>  	<b>3a. State of Formation</b>  FL  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>6. Certificate of Status Desired</b>  <input type="checkbox"/> \$8.75 Additional Fee Required
<b>7. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. TARPON SPRINGS, FL. 03/25/99 01094 024 City Zip Code ****377-50 ****188-75 FL	
<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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required whenever changing)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	POWELL, JOHN JR.	<del>36750 U.S. HIGHWAY 19</del> P.O. 1088	TARPON SPRINGS, FL. 34688  188.75-FF
<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>John Powell Jr.</u> <u>John Powell JR</u> <u>3/15/99</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MANAGING MEMBER OR MANAGER</small>			