
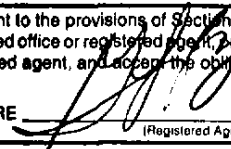


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 26 PM 1:07 LR 3/2	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company ORIENT GROUP, L.C. 500 JOHN RINGLING SARASOTA FL 34236				DOCUMENT # M94000000072			
2. Principal Place of Business 718 Siesta Key CR Sarasota FL 34242				3a. State of Formation CO			
2a. Mailing Address Sarasota FL 34242				3. Date Organized or Qualified 08/09/1994			
City & State Sarasota FL				4. FEI Number 65-0495523			
Zip 34242				5. Date of Last Report 02/10/1997			
Country USA				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Name and Address of Current Registered Agent BROWN, GARY L 718 SIESTA KEY CIRCLE SARASOTA FL 34242				8. Name and Address of New Registered Agent/Office Name: GARY BROWN Street Address (P.O. Box Number is Not Acceptable) 718 Siesta Key CR Sarasota FL 34242			
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.							
SIGNATURE: 				DATE: 2-24-98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGR		BROWN, GARY L		5255 HERON WAY		SARASOTA FL	
MGRM		BROWN, LISA		5255 HERON WAY		SARASOTA FL	
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-24-98 3883246