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

Zip Country 5. Date of Last Report 6. Certificate of Status Dest 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RUEGGE, WILLIAM G 8. Name and Address of New Registered Agent/Office RUEGGE, WILLIAM G 579 DUVAL STREET KEY WEST FL 33040 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Suite, Apt. #, etc. City 1 Zip Code	DJECT 10 8 \$ 400.00 LATE FEE.			ר			
Filing FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 99 NAK 22 PN 12: 06 SEGMENT # M9600000038 1 Name and Maling Address of Limited Liability Company DOCUMENT # M96000000038 I.I. Principal Place of Business Address 519 DUVAL STREET KEY WEST FL 33040 I.I. Principal Place of Business Address 2 Principal Place of Business 2e. Mailing Address 3. Date Organized or Qualified 02/06/1996 3a. State of Formation 02/06/1996 2 Principal Place of Business 2i. Mailing Address 3. Date Organized or Qualified 02/06/1996 3a. State of Formation 02/06/1996 2 Suite, Apt. #, etc City & State 58-2201322 I.I. Appled Fill 2/p Country 2/p Country 6. Certificate of Status Dee 05/04/1998 57. Additional Fill Restored Agent 7. Name and Address of Current Registered Agent Name 8. Name and Address of New Registered Agent/Office RUEGGE, WILLIAM G 579 DUVAL STREET KEY WEST FL 33040 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.	ANNUAL REPORT	Katheri Secreta	Katherine Harris Secretary of State				
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9. Pursuant to the provisions of Sections 608 410 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of char its registered office or registered agent, or both, in the State of Fröjida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appoint	e Royo he purpose of changing						
as registered agent, and accept the obligations							
(Heg street Agent Accepting Approximation) (HOTE: Registered Agent signature ray includion includion includion includion includion includion includion includion includion. 10. Title Managing Members/Managers Business Street Address Crity, State and Zip Code		······································		i ^s	Cily, State and	d Zip Code	
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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. Hurther certify that the inform indicated on this annual report is true and accurate and thay my signature shall have the same legal effect as if made under oath, that I am a managing member or manager or initial 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 cattachment with an address. SIGNATURE: 3-17-99 3-5-3-96-50 SIGNATURE: 3-17-99 3-5-3-96-50							

INHSE10 R (12-98)

SIGNATURE ALL TYPE DOB PLATED NAME & SCHING MANAGUS MEMULH OR MADAGER