


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # M96000000124</b>		1a. Principal Place of Business Address	
WATERLOT LLC 106-17TH STREET APALACHICOLA FL 32320				106-17TH STREET APALACHICOLA FL 32320	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		5. Date of Last Report	
				03/24/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SHULER, THOMAS M 34-4TH ST. APALACHICOLA FL 32320		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		FL			
		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. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when resigning)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CHAPMAN, LEIGH N	106-17TH ST.		APALACHICOLA FL	
MGRM	BORST, NICKY J	106-17TH ST.		APALACHICOLA FL	
500002789115-4 -02/26/99--01096--003 ****188.75 ****188.75 2.24-99					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					