


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 MAY -4 PM 3:45  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<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>					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M96000000314				1a. Principal Place of Business Address	
TREASURE COAST COMMERCE CENTER L.C. 730 E. DURANT, STE. 202 ASPEN CO 81611						730 E. DURANT, STE. 202 ASPEN CO 81611	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
132 W. Main Street		PO Box 7846		08/22/1996		CO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input type="checkbox"/> Applied For	
City & State		City & State		84 04-1323219		<input type="checkbox"/> Not Applicable	
Aspen, CO		Aspen, CO		5. Date of Last Report		6. Certificate of Status Desired	
Zip	Country	Zip	Country	02/14/1997		SB 75 Additional Fee Required <input type="checkbox"/>	
81611	USA	81612	USA				
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
GARY, III, JOHN W ESQUIRE 701 U.S. HIGHWAY ONE #402 NORTH PALM BEACH FL 33408				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 signature required when reinstating)</small>							
10. Title	Managing Members/Managers	Business Street Address			City, State and Zip Code		
MGR	MCCLOSKEY, THOMAS D JR	730 E. DURANT, STE. 202 132 W. Main Street			ASPEN CO Aspen, CO 81611		
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dc							

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:**  **THOMAS D. MCCLOSKEY** 4/29/98 (970) 920-2112