## FILE NOW: Fee after May 1, will be \$588.75

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR -6 PM 1:55 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**M96000000318 1a. Principal Place of Business Address THE AQUA ASSET, L.C. 1700 PALM BEACH LAKES BLVD, 1700 PALM BEACH LAKES BLVD. SUITE 1100 **SUITE 1100** WEST PALM BEACH FI 33401 WEST PALM BEACH FL 33401 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address Jame AS Above D8/26/1996 TX Suite, Apt. #, etc. 4. FEI Number Applied For 65-0689998 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent HETTMEYER, RICHARD 1700 PALM BEACH LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) SULTE 1100 WEST PALM BEACH FG 33401 Suite, Apt. #, etc. Zip Code City 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 (Rugistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Business Street Address City, State and Zip Code 10. Title Managing Members/Managers MGRM HEITMEYER, RICHARD 700 PALM BEACH LAKES BLVD WEST PALM BEACH FL 000002109060--0 \*\*\*\*203.75 \*\*\*\*203.75 11. Ido hereby certify that the information supplied with this filling 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 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: INTED NAME OF SIGNING MANAGING MEMBER OR MANAGER INHSE10 R(12-96)