


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 STEAMBOAT ENVIROSYSTEMS, L.L.C. 515 NORTH FLAGLER DRIVE, SUITE 702 WEST PALM BEACH FL 33401		DOCUMENT # M97000000070	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 515 NORTH FLAGLER DRIVE, SUITE 702 WEST PALM BEACH FL 33401 3. Date Organized or Qualified 02/20/1997 3a. State of Formation DE 4. FEI Number 65-0710741 5. Date of Last Report 05/26/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ALBRIGHT, SUZANNE 515 NORTH FLAGLER DRIVE, SUITE 702 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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 <i>Suzanne Albright</i> DATE <i>2/19/99</i>			
10. Title Managing Members/Managers		Business Street Address City, State and Zip Code	
MGR ROSEN, THEODORE		515 NORTH FLAGLER DRIVE, S WEST PALM BEACH FL	
MGR NELSON, RICHARD H		515 NORTH FLAGLER DRIVE, S WEST PALM BEACH FL	
		7000002794797-0 -03/04/99--01080--017 ****188.75 ****188.75 MAR - 3 1999	
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: <i>[Signature]</i> 2/19/99 (561) 820 9779			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA