


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 Sandra B. Mortham 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 DOCUMENT # M97000000086 TIME TRAVELER INTERNATIONAL, L.L.C. 5025 COLLINS AVE., STE 803 MIAMI BEACH FL 33140		1a. Principal Place of Business Address 5025 COLLINS AVE., STE 803 MIAMI BEACH FL 33140	
2. Principal Place of Business 35 NE 40th St. Suite, Apt. #, etc. Suite G-9 City & State Miami, FL Zip 33137	2a. Mailing Address 35 NE 40th St. Suite, Apt. #, etc. Suite G-9 City & State Miami, FL Zip 33137	3. Date Organized or Qualified 02/25/1997	3a. State of Formation CT
		4. FEI Number 06-1408850	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent CASSIUS, JACK 5025 COLLINS AVE., STE 803 MIAMI BEACH FL 33140		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 35 NE 40th St. Suite, Apt. #, etc. Suite G-9 City Miami Zip Code FL 33137	
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 <u>Jack Cassius</u> DATE <u>3/11/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CASSIUS, JACK	5025 COLLINS AVE	MIAMI BEACH FL
MGRM	CASSIUS, LOUISE	5025 COLLINS AVE	MIAMI BEACH FL
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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. 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: <u>Jack Cassius, JACK CASSIUS</u> 3/11/98 305 573-8999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			