
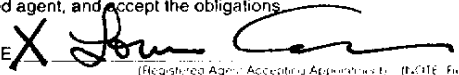


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
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 <b>DOCUMENT # M97000000086</b>  <b>TIME TRAVELER INTERNATIONAL, L.L.C.</b> <del>35 NE 40TH STREET, SUITE G-9</del> <del>MIAMI FL 33137</del>		1a. Principal Place of Business Address  <del>35 NE 40TH STREET, SUITE G-9</del> <del>MIAMI FL 33137</del>	
2. Principal Place of Business <b>2028 NE 155<sup>th</sup> St.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>2028 NE 155<sup>th</sup> St.</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>02/25/1997</b>	3a. State of Formation <b>CT</b>
City & State <b>N. Miami Beach, FL</b> Zip <b>33162</b> Country <b>USA</b>	City & State <b>N. Miami Beach, FL</b> Zip <b>33162</b> Country	4. FEI Number <b>06-1408850</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent  <del>CASSIUS, JACK</del> <del>35 NE 40TH STREET, SUITE G-9</del> <del>MIAMI FL 33137</del>		5. Date of Last Report <b>03/13/1998</b>	
8. Name and Address of New Registered Agent/Office Name <b>Cassius, Louise</b> Street Address (P.O. Box Number is Not Acceptable) <b>2028 NE 155<sup>th</sup> St.</b> Suite, Apt. #, etc. City <b>N. Miami Beach</b> Zip Code <b>FL 33162</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 <b>2/22/99</b> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when effect of change)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CASSIUS, JACK	<del>5025 COLLINS AVE</del> <del>2028 NE 155<sup>th</sup> St.</del>	<del>MIAMI BEACH FL</del> <del>N. Miami Beach, FL</del> <del>MIAMI BEACH FL 33162</del> <del>N. Miami Beach, FL</del> <b>33162</b>
MGRM	CASSIUS, LOUISE	<del>5025 COLLINS AVE</del> <del>2028 NE 155<sup>th</sup> St.</del>	<b>100002812641-4</b> <b>-03/19/99--01111--014</b> <b>****188.75 ****188.75</b>

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:  **Louise Cassius** **2/22/99**

SIGNATURE AND TITLE OF PRINTED NAME OF SECRETARY/MANAGER/RECEIVER OR TRUSTEE

Date

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