


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB 26 PM 12:44 42 3/2	
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 # M97000000486			
OYSTER BAY, LLC. 11911 US HWY. #1, SUITE 112 NORTH PALM BEACH FL 33408		1a. Principal Place of Business Address 11911 US HWY. #1, SUITE 112 NORTH PALM BEACH FL 33408			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/07/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		OC	
Country		Country		4. FEI Number	
				NOT APPLICABLE	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
COOK, ROBERT B ESQUIRE 11911 US HWY. #1, SUITE 205 NORTH PALM BEACH FL 33408				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 <u><i>Robert B. Esquire</i></u> DATE <u>2/23/98</u> <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	KEHLE, A G III		11911 US HWY. #1		NORTH PALM BEACH FL
MGR	KEHLE, KELLY M		11911 US HWY. #1		NORTH PALM BEACH FL
					800002445568--7 -03/03/98--01059--007 ****188.75 ****188.75
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><i>Robert B. Esquire</i></u> <u>2/23/98</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Delineate Phone</small>					