
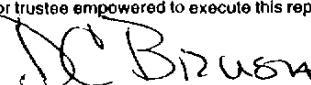


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		RECEIVED FEB 19 1999 98100-3 1110:56 mth 5/5	
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 # M98000001109 STC SEA TECHNOLOGY COMPANY PALM BEACH, LLC 1441 NORTH NORTHLAKE WAY SEATTLE WA 98103		1a. Principal Place of Business Address 1441 NORTH NORTHLAKE WAY SEATTLE WA 98103			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/29/1998 4. FEI Number 91-1884976 5. Date of Last Report	
				3a. State of Formation WA <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002869973-1 City FL Zip Code 0510799-01134-004 ****188.75 ****188.75		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BRUSH, DONAVIN	1441 NORTH NORTHLAKE WAY		SEATTLE WA	
MGR	BRUSH, DONAVIN	1441 NORTH NORTHLAKE WAY		SEATTLE WA	
MGRM	ABRAMS, MICHAEL	1441 NORTH NORTHLAKE WAY		SEATTLE WA	
MGRM	FLOCKEN, CHERYE	1441 NORTH NORTHLAKE WAY		SEATTLE WA	
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: 		4/27/99		568 848 5400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>	