
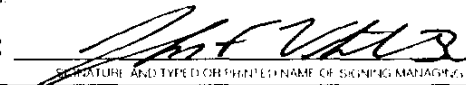


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company  COCOA BEACH-NEW ORLEANS, L.L.C. 506 45TH STREET SUITE B-5 COLUMBUS GA 31904		DOCUMENT # L97000000737	
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 07/08/1997		3a. State of Formation FL	
4. FEI Number 72-1396471		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 06/22/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) 800002901098 Suite, Apt. #, etc. -06/10/99-01087-003 ****566.25 ****188.75 City FL Zip Code	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when forming a new company)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BRADISH JOHNSON CO., L	826 UNION ST., SUITE 200	NEW ORLEANS LA
MEM	PHILLIPS, NATHANIEL P	626 UNION ST., SUITE 200	NEW ORLEANS LA
MEM	LAKE CHARLES NAVAL STO	203 CARONDELET ST., SUITE 200 830 Union St., Suite 200	NEW ORLEANS LA
MEM	LACROIX CELLULAR PAR,	826 UNION ST., SUITE 100	NEW ORLEANS LA
MEM	MISSISSIPPI INVESTMENT	P.O. BOX 2067	LAUREL MS
MGR	WHITE, JOHN F JR	203 CARONDELET STREET SUITE 200 830 Union St., Suite 200	NEW ORLEANS LA 70119
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: 		3-8-99 504-594-8608	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	