

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 014 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000027960 1. Entity Name SCOOPS II, LLC	
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Principal Place of Business 93 CENTRAL AVENUE ST. PETERSBURG, FL 33701-3930	Mailing Address 93 CENTRAL AVENUE ST. PETERSBURG, FL 33701-3930
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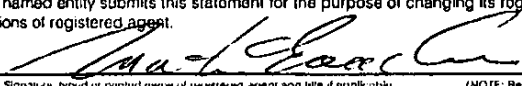
02072005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 56-2391945	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 MARTIN GOODMAN 55 DOLPHIN DR TREASURE Island, FL 33706	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature typed or printed name of registered agent and title if applicable	DATE 05/01/05 (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, MILLICENT 93 CENTRAL AVENUE ST. PETERSBURG, FL 337013930
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, MARTIN 93 CENTRAL AVENUE ST. PETERSBURG, FL 337013930
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IN THIS SPACE**

11. I 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 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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE 05/01/05 Date Daytime Phone #