



**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  FIRST COAST BAGELS OF MANDARIN, L.C. 10111-1 SAN JOSE BLVD. JACKSONVILLE FL 32257		DOCUMENT #L94000000370  1a. Principal Place of Business Address  10111-1 SAN JOSE BLVD. JACKSONVILLE FL 32257	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/05/1994 4. FEI Number 59-3262520 5. Date of Last Report 08/16/1996	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  NICHOLSON, DOROTHY A 1832 BROOKWOOD ROAD JACKSONVILLE FL 32207		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		300002173703--3 05/08/97--01118--023 ***20375 FL ***20375	
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 reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	NICHOLSON, DOROTHY J	1832 BROOKWOOD ROAD	JACKSONVILLE FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		4/26/97	904-260-8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #

FILED

97 MAY -2 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JB5-7-97