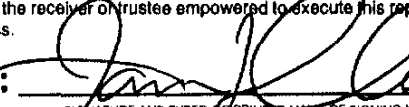


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company CROSS CREEK BARBEQUE, L.C. PO BOX 6988 JACKSONVILLE FL 32236		DOCUMENT # L94000000614		FILED 97 MAY -1 AM 9:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>MB</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 5400 VERNA BLVD. SUITE 8 JACKSONVILLE FL 32205			
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 1/14/1994 3a. State of Formation FL 4. FEI Number 59-3277137 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 04/30/1996 6. Certificate of Status Desired ☐ See 7 - Additional Fee Required	
7. Name and Address of Current Registered Agent DUSS, ROBERT V 112 WEST ADAMS STREET SUITE 1402 JACKSONVILLE FL 32202		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	CCJV, INC.	5400 VERNA BLVD. SUITE 8		JACKSONVILLE FL	
MEM	CLEMONS, JAMES L	4538 ORTEGA FOREST DRIVE		JACKSONVILLE FL	
MEM	CLEMONS, BETTYE JO	4538 ORTEGA FOREST DRIVE		JACKSONVILLE FL	
MEM	Westside Restaurants Inc	5400 Verna Blvd, Suite 8		Jacksonville, FL.	
				400002171874--3 -05/08/97--01118--026 ****203.75 ****203.75	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Apr 19/1997 Daytime Phone # 904 783 2300					