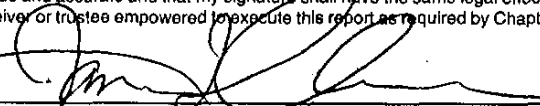


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNUAL REPORT 1998		 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		98 MAR 13 PM 12:00	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000614		1a. Principal Place of Business Address	
CROSS CREEK BARBEQUE, L.C. PO BOX 6988 JACKSONVILLE FL 32236				5400 VERNA BLVD. SUITE 8 JACKSONVILLE FL 32205	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/1994	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-3277137	
				5. Date of Last Report	
				05/01/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
DUSS, ROBERT V 112 WEST ADAMS STREET SUITE 1402 JACKSONVILLE FL 32202		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		FL			
		Zip Code			
		FL			
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,	5400 VERNA BLVD., STE 8		JACKSONVILLE FL	
400002459314--3 -03/17/98--01043--011 ***188.75 ***188.75					

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

Daytime Phone #

CEO

904 7832300