



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000972			
THE SHOT LOT, L.C. 9700 - 9TH STREET NORTH SUITE 400 ST. PETERSBURG FL 33702		1a. Principal Place of Business Address 9700 - 9TH STREET NORTH SUITE 400 ST. PETERSBURG FL 33702			
2. Principal Place of Business <i>The Grill at Feather Sound</i> Suite, Apt. #, etc. 2325 Ulmendorf Rd. City & State Clearwater, FL Zip 33762 Country USA		2a. Mailing Address <i>The Shot Lot, LC</i> Suite, Apt. #, etc. 9700 - 9th St N #400 City & State St. Petersburg, FL Zip 33702 Country USA		3. Date Organized or Qualified 12/18/1995 3a. State of Formation FL 4. FEI Number 59-8358399 5. Date of Last Report 02/10/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent ROWE, JAMES C ESQ. RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVENUE S., SUITE 400N ST. PETERSBURG FL 33701		8. Name and Address of New Registered Agent/Office 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	
MGR	MARKEL, GARY	9700 - 9TH STREET NORTH		ST. PETERSBURG FL	
				900002452219--6 -03/10/98--01045--021 ****197.50 ****197.50	

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