File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. STE FULL OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 50 Mile - 3 All 9: 03 FILING FEE 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 # 195000000972** THE SHOT LOT, L.C. THE SHOT LOT, L.C. 9700 - 9TH ST. N #400 1a. Principal Place of Business Address THE GRILL AT FEATHER SOUND 2325 ULMERTON RD ST. PETERSBURG FL 33702 CLEARWATER FL 33762 2a. Mailing Address 2 Principal Place of Business 3. Date Organized or Qualified 3a State of Formation 12/18/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-8358399 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zin Country \$8.75 Additional Fee Required 03/02/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ROWE, JAMES C ESQ. RIDEN, EARLE & KIEFNER, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVENUE S., SUITE 400N ST. PETERSBURG FL 33701 Suite, Apt. #, etc. City 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 (Registered Agent Accepting Appointment): (NOTE Registered Agent - grating regional when reinstrough Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGR MARKEL, GARY 9700 - 9TH STREET NORTH ST. PETERSBURG FL 600002735260---¢ \*\*\*\*197.50 \*\*\*\*197.50

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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 eath, 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

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attachment with an address.

SIGNATURE: