


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUN 22 AM 8: 58	
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 # L97000000737		1a. Principal Place of Business Address	
COCOA BEACH-NEW ORLEANS, L.L.C. 506 45TH STREET SUITE B-5 COLUMBUS GA 31904				506 45TH STREET SUITE B-5 COLUMBUS GA 31904	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/08/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		72-1396471	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
		900002570259-9 06/23/98-01105-009 ***566.25 ***188.75			
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 <u>Kent Cost, Mgr</u> DATE <u>4-30-98</u> (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	BRADISH JOHNSON CO., L	826 UNION ST., SUITE 200		NEW ORLEANS LA	
MEM	PHILLIPS, NATHANIEL P	826 UNION ST., SUITE 200		NEW ORLEANS LA	
MEM	LAKE CHARLES NAVAL STO	203 CARONDELET ST., SUITE		NEW ORLEANS LA	
MEM	LACROIX CELLULAR PAR,	826 UNION ST., SUITE 100		NEW ORLEANS LA	
MEM	MISSISSIPPI INVESTMENT	P.O. BOX 2067		LAUREL MS	
MGR	WHITE, JOHN F JR	203 CARONDELET STREET SUIT		NEW ORLEANS LA	
MGR	COST, KENT	506 45th Street, Suite B-5		Columbus,GA31904	
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: <u>Kent Cost</u> SIGNATURE AND EXPIRED PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Expiration #					