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 Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 PM 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700000981 CHEST ERFIELDS OF DESTIP. L.C.
TRULUCK'S OF DESTIN, L.C.
327 HIGHWAY 98 EAST 1a. Principal Place of Business Address 327 HIGHWAY 98 EAST DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 2s. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/08/1997 4. FEt Number FLSulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζıρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LEWIS, A. EUGENE Street Address (P.O. Box Number is Not Acceptable) C/O LEWIS & WHITE, L.C. 216 W. COLLEGE AVE., SUITE 201 TALLAHASSEE FL 32301 Sulte, Apt. #, etc. City Zip Code . 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 HOLMES, PAUL H 327 HIGHWAY 98 EAST DESTIN FL MCR | SARCENT, J. STUART 327 HIGHWAY 98 EAST DECTIN-FL MGR GEORGE & PALAZZO POBOL 7052 GULFPORTMS 39506

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. 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 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 attachment with an address.

POBOX 669

SIGNATURE:

MGU CYBIL HENTZE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

626-7176

MANDEVILLE (A 7047)