

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 NOV -8 AM 11:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 # L97000001395**  
 COOKIE DOUGH L.C.  
 2073 PINE CLUB DRIVE  
 PLANT CITY FL 33567

1a. Principal Place of Business Address  
 2073 PINE CLUB DRIVE  
 PLANT CITY FL 33567

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/15/1997	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For
Zip	Country	59-3496799	<input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired
			<input type="checkbox"/> <b>Apply Additional Fee Required</b> <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
ELLIOTT, SCOTT F	Name
2703 PINE CLUB DRIVE	Street Address (P.O. Box Number is Not Acceptable)
PLANT CITY FL 33567	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
MGRM	ELLIOTT, SCOTT F	2703 PINE CLUB DRIVE	PLANT CITY FL
MGRM	ELLIOTT, JOHN C	2712 BARRET AVENUE	PLANT CITY FL

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 -11/09/99--01071--001  
 \*\*\*150.00 \*\*\*150.00

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: Scott F. Elliott SCOTT F. ELLIOTT 10/15/99 813-763-3442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #