
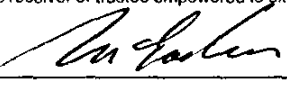


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUL 26 PM 2:17	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001402 SCOOPS ON THE BEACH, L.C. 6870 GULF BOULEVARD ST. PETERSBURG BEACH FL 33706				1a. Principal Place of Business Address 6870 GULF BOULEVARD ST. PETERSBURG BEACH FL 3370	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/1997	
City & State		City & State		4. FEI Number 59-3483524 APPLIED FOR	
Zip		Country		5. Date of Last Report 04/29/1998	
7. Name and Address of Current Registered Agent AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
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	
MGRM	GOODMAN, MILLICENT	6870 GULF BOULEVARD		ST. PETERSBURG BEACH	
MGRM	GOODMAN, MARTIN	6870 GULF BOULEVARD		ST. PETERSBURG BEACH	
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:  7/19/99. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date System Phone #					