

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000001402**

1. Entity Name  
**SCOOPS ON THE BEACH, L.C.**



Principal Place of Business  
**6870 GULF BOULEVARD  
ST. PETERSBURG BEACH, FL 33706**

Mailing Address  
**6870 GULF BOULEVARD  
ST. PETERSBURG BEACH, FL 33706**



01232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3483524**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOODMAN, MILLICENT  
6870 GULF BLVD.  
ST. PETE BEACH, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GOODMAN, MILLICENT
STREET ADDRESS	6870 GULF BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706
TITLE	MGRM
NAME	GOODMAN, MARTIN
STREET ADDRESS	6870 GULF BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/28/04 727.367.2933**  
Date Daytime Phone #