


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000001402 1. Entity Name SCOOPS ON THE BEACH, L.C.	
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Principal Place of Business 6870 GULF BOULEVARD ST. PETERSBURG BEACH, FL 33706	Mailing Address 6870 GULF BOULEVARD ST. PETERSBURG BEACH, FL 33706
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3483524	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

Martin Goodman

**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 *Martin Goodman* DATE *5/1/05*

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MILLICENT 6870 GULF BOULEVARD ST. PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MARTIN 6870 GULF BOULEVARD ST. PETERSBURG BEACH, FL 33706
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05/05/05-80061-012 50.00

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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: *Martin Goodman* DATE *05/01/05*

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