LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					DIVISION OF CARPORATIONS 199 MAR 18 AM 10: 37			
11. Name and M	Annual Report \$10 Make Check Paya	ble To: FLORI	DA DEPARTA	MENT OF STATE				
of Limited Lia	MONDHEAD RES 0 ESTERO BOU T MYERS BEAC	LEVARD	& LOUNGE		1a. Principal Pla 2000 ES FORT MY	STERO BO	OULEVAR	
2 Principal Place of Business 2a. Mailin			ng Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc		Suita Ant	Suite, Apt. #, etc.			07/06/1998 FL		
City & State			City & State		4. FEI Number [5 9-353095]		Applied For  Not Applicable	
Zip	Country	Zip		Country	5. Date of Last Report		6. Certificate	of Status Desired
7	7. Name and Address of C	urrent Registered	Agent	8.	Name and Addres	s of New Regis	tered Agent/O	ffice
9. Pursuant to t	FL 34103  the provisions of Sections 60 ce or registered agent, or bottlent, and accept the obligation	n, in the State of Flor ns.	ida. Such change v	was authorized by affirm	d liability company s alive vote of a majorit			
they seems April A coping Appointment; (BOIL Registered A ped s  10. Title   Managing Members/Managers   Bit				egister resolved who are not to tusiness Street Address	<del></del>			
MGRM DIAMONDHEAD ISLAND BEA MGRM WEST COAST RESTAURANTS				TERO BOULE	VARD	YARD FORT MYERS BEACH F		BEACH FL
					60	0002 -03/20 ****1	8192 3/9901 188.75	* 2165 — — 1 009017 ****188.75
						l		
indicated on this	ertify that the information supp annual report is true and acc impany or the receiver or true an address.	curate and that my s	ignature shall have	e the same legal effect a Las required by Chapter	s if made under oath	i, that I am a mai	naging membe	r or manager of the