

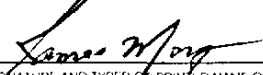


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L98000001475</b> Round Dough Enterprises L.L.C. c/o/a Cici's Pizza #277 16033 Frost Dr. Hudson FL 34667		1a. Principal Place of Business Address Cici's Pizza #277 8631-2 Little Rd. New Port Richey FL 34654	
2. Principal Place of Business Cici's Pizza #277 Suite, Apt. #, etc. 8631-2 Little Rd City & State New Port Richey FL Zip 34654 Country USA	2a. Mailing Address Round Dough dba Cici's Suite, Apt. #, etc. 16033 Frost Dr. City & State Hudson FL Zip 34667 Country USA	3. Date Organized or Qualified 8-17-98	3a. State of Formation FL
		4. FEI Number 59-3528945	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report n/a	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent David Medich / Cici's Pizza 11318 Carrollwood Dr. Tampa FL 33618		8. Name and Address of New Registered Agent/Office Name James Morgan Street Address (P.O. Box Number is Not Acceptable) 16033 Frost Dr. Suite, Apt. #, etc. City Hudson FL Zip Code 34667	
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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renouncing)		DATE 5/5/99	
10. Title * (Owner) James Morgan * (Manager) David Medich * (Investor) Managing Member	Business Street Address 8631-2 Little Rd 11318 Carrollwood Dr		City, State and Zip Code New Port Richey FL 34654 Tampa FL 33618
700002892277-4 -06/02/99--01036--010 ***188.75 ***188.75 AL APR 27 1999			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date: 5/5/99 Daytime Phone: #	