File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS CONER 20 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SOMETHER OF STATE DOCUMENT # 198000001636 Name and Mailing Address of Limited Liability Company MARK JAMES SEAFOOD, L.C. 1a. Principal Place of Business Address 6606 S TAMIAMI TRAIL 6606 S TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231 2 Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation SALISOTA 08/28/1998 Suite, Apt. #, etc. 4. FEI Number Applied For 65-085 905 / 5. Date of Lest Report City & State Not Applicable S.ALASOTA 6. Certificate of Status Desired Country SACALO PA. Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CHANDLER, JAMES R III 3851 TANGIER TERRACE SARASOTA FL 34239 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE ___ DATE (Newspeed Agent Accepting Agree lover) (NEAL Help speed Agent signature reported when near later) 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGR CHANDLER, JAMES R III 3851 TANGIER TERRACE SARASOTA FL 108 SUNRISE BOULEVARD DR. MGR FORLENZA, MARC NOKOMIS FL MGR BONFRERE, NICK 7535 CALLE FACIL SARASOTA FL MGR GONZALEZ, RAFAEL A 3185 NOVUS COURT -04/08/99--01050--019 ****188.75 ****188.75 11. If to hereby certify that the information supplied with this filing does per qualify for the examption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an SIGNATURE:

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