

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23/5

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000233

DOINKS OF GA, L.C.
POST OFFICE BOX 4940
SANTA ROSA BEACH FL 32459

1a. Principal Place of Business Address
POST OFFICE BOX 4940
SANTA ROSA BEACH FL 32459

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/09/1995	GA
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3313285	5. Date of Last Report
		03/20/1997	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WAKEHAM, GREGORY S HIGHWAY 30-A SEASIDE FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002451332--5 City -03/09/98 Reg Code 01153--021 ***FL 188.75 ****188.75

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 reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WAKEHAM, GREGORY S	HIGHWAY 30-A	SEASIDE FL

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:  **Joseph P. Frazer** 2/27/98 850-231-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #