


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY 24 AM 11:13	
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 DINING AND ENTERTAINMENT CLUBS OF AMERICA, L.L.C. P.O. BOX 982 SEFFNER FL 33583				DOCUMENT # M96000000245 1a. Principal Place of Business Address 9331 ADAMO DR. TAMPA FL 33619			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 07/08/1996		3a. State of Formation RI	
Country		Country		4. FEI Number 59-3306564		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/16/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ELSER, BRIAN E 9331 ADAMO DR. TAMPA FL 33619				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002892441 Suite, Apt. #, etc. -06/02/99--01046--010 ***188.75 ***188.75 City FL Zip Code 1764			
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 <u><i>Ri Ece</i></u> DATE <u>3-8-99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)</small>							
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code		
MGRM	ELSER, SAMMIE H		2240 HERON CIRCLE		CLEARWATER FL		
MGR	ELSER, ARLOE E		450 E. HAMILTON LANE		BATTLE CREEK MI		
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: <u><i>Ri Ece</i></u> <u>38-99</u> (813) 246-5100 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> <small>Date</small> <small>Daytime Phone</small>							