File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. ELORIDA DEPARTMENT DE STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 16 AN 9: 36 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE -SEGNETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # M97000000171** 1a. Principal Place of Business Address CREEHAN'S MARKET, L.L.C. P.O. BOX 16167 10406 W. EMERALD COAST MOBILE AL 36616 #84B DESTIN FL 32541 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 04/09/1997 AL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 63-1185470 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BLUE, ROB JR. BURKE & BLUE, PA Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE PANAMA CITY FL 32401 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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Hegistered Agent Accepting Approintment) (NOTE: Bugishired Agent signar increasured when recent they) Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MORGAN'S JOINT VENTU, 165 N. BELTINE HIGHWAY MOBILE AL 5/1/0002820515-----03/26/99--01107--002 \*\*\*\*188,75 \*\*\*\*188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption 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 timited 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:** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAVER.

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>2-22-99