


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -6 AM 9:27

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000528
SEASHELLS & SANDDOLLARS, L.L.C. 5500 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	

1a. Principal Place of Business Address
5500 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
08/21/1997	MS
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
721384257	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
DENT, HAYDEN S 14599 PERDIDO KEY DRIVE, NO. 10 PENSACOLA FL 32507

8. Name and Address of New Registered Agent/Office	
Name SANDY DENT	
Street Address (P.O. Box Number is Not Acceptable) 14599 Perdido Key Drive, Apt. 7	
Suite, Apt. #, etc. 10.7	
City PENSACOLA	Zip Code FL 32507

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 Sandy Dent DATE 3-1-98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DENT, SANDY	5500 SOUND BLUFF RD	OCEAN SPRINGS MS
MGRM	DENT, HAYDEN S	5500 SOUND BLUFF RD	OCEAN SPRINGS MS

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****188.75 ****188.75

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: Sandy Dent 3-1-98 228-872-4713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #