


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	
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 SEASHELLS & SANDDOLLARS, L.L.C. 5500 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564		DOCUMENT # M97000000528		1a. Principal Place of Business Address 5500 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	
2. Principal Place of Business Suite, Apt. #, etc. <i>NO Change</i> City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/21/1997 3a. State of Formation MS 4. FEI Number 72-1384257 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/06/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent DENT, SANDY 14599 PERDIDO KEY DRIVE, NO. 7 PENSACOLA FL 32507			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <i>NO Change</i> City FL 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 <i>x Sandy Dent</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first filing) DATE <i>x 5-3-99</i>					
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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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *x Sandy Dent* *5-3-99 228-872-4713*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #