

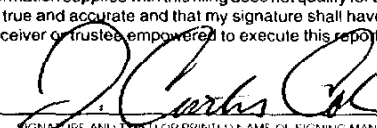


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 MAY -3 PM 5:00 SECRETARY OF STATE	
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 # M98000000999 GOURMET BEACH PROVISIONS, LLC 2156 TIMBERWOOD DRIVE NASHVILLE TN 37215		1a. Principal Place of Business Address 2156 TIMBERWOOD DRIVE NASHVILLE TN 37215			
2. Principal Place of Business 3335 East County Hwy 30A Suite, Apt. #, etc.		2a. Mailing Address 2156 216 Lynwood Blvd Suite, Apt. #, etc.		3. Date Organized or Qualified 09/10/1998	
City & State Santa Rosa Beach, FL Zip 32459		City & State Nashville, TN 37205 Zip 37205		3a. State of Formation TN 4. FEI Number 62-1754628	
Country WALTON		Country DAVISON		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent COLE, JAMES CURTIS 3335 EAST COUNTY HIGHWAY 30A SANTA ROSA BEACH FL 32459			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	COLE, JAMES CURTIS	2156 216 Lynwood Blvd.		NASHVILLE TN 37205	
MEM	COLE, VALORIE WARD	2156 216 Lynwood Blvd.		NASHVILLE TN 37205	
3000028687313-0 05/07/99-01162-001 ****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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date 3-10-99 Daytime Phone # (615) 370 8208	