


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 AM 10:34 LR 3/5
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<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 200598</b>  THE CROSSROAD LIQUORS AND PUB, L.C. 2474 E IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34744	1a. Principal Place of Business Address  2474 E IRLO BRONSON MEMORIAL KISSIMMEE FL 34744
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2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/24/1992	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3129531	5. Date of Last Report
		05/01/1997	6. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  MEDLIN, WALTER L 2474 E IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34744	8. Name and Address of New Registered Agent/Office Name: <u>Carolyn M Rubin</u> Street Address (P.O. Box Number is Not Acceptable): <u>2474 E Irlo Bronson Mem. Hwy</u> Suite, Apt. #, etc.: <u>K</u> City: <u>Kissimmee</u> FL Zip Code: <u>34744</u>
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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: Carolyn M Rubin DATE: 2/25/98  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	<del>MEDLIN, WALTER L</del>	2474 E IRLO BRONSON MEM	KISSIMMEE FL
M	<del>Carolyn M</del> Rubin, CAROLYN M	2474 E.I.B.M.	Kiss FL

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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)(l), 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: Carolyn M Rubin Date: 2/25/98 Daytime Phone #: 407-944-9121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER