

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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
DOCUMENT # Z00598

THE CROSSROAD LIQUORS AND PUB, L.C.
2474 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34744
AK-AR CM

1a. Principal Place of Business Address
2474 E IRLO BRONSON MEMORIAL
KISSIMMEE FL 34744

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

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
06/24/1992

3a. State of Formation
FL

4. FEI Number
59-3129531
 Applied For
 Not Applicable

5. Date of Last Report
03/02/1998

6. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
PATEL, JYOTINDRA
2474 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34744

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
700002871857--8
Suite, Apt. #, etc. -05/11/99--01081--022
****188.75 ****188.75
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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RUBIN, CAROLYN M PATEL, JYOTINDRA	2474 E IRLO BRONSON MEM	KISSIMMEE FL

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]* 4-28-99 407 957 3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (Date) (Exhibit Page #)