



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	
FILED 98 MAY -4 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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 # L94000000158	
KATZEN BURCHERS SARASOTA, L.C. P.O. BOX 510983 PUNTA GORDA FL 33951		1a. Principal Place of Business Address P.O. BOX 983 PUNTA GORDA FL 33951	
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	
04/15/1994		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0465160			
5. Date of Last Report		6. Certificate of Status Desired	
04/17/1997		SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
DUNN, RANDALL 329 E OLYMPIA AVE PUNTA GORDA FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) 800002521678-1 Suite, Apt. #, etc. -05/13/98--01050--003 ***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 _____ (Registered Agent Accepting Appointment) NOTE: Registered Agent signature is required when resigning. DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KATZEN, MELVYN	329 E OLYMPIA AVE	PUNTA GORDA FL
MGR	BURCHERS, SAMUEL A	1910 JAMAICA WAY	PUNTA GORDA 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:  Melvyn J. Katzen 941-639-8363 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 4-28-98 Daytime Phone #			