File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY DIVISION OF CORPORATIONS **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 26 AH 10: 17 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L9400000158 Name and Mailing Address of Limited Liability Company KATZEN BURCHERS SARASOTA, L.C. 1a. Principal Place of Business Address P.O. BOX 510983 P.O. BOX 983 PUNTA GORDA FL 33951 PUNTA GORDA FL 33951 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 04/15/1994 FLSuite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0465160 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zιρ Country 05/04/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DUNN, RANDALL 329 E OLYMPIA AVE Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA FL 33950 200002858232--04/30/30-01066-013 ****188.75 | ********188.75 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Biopsonial Agent Accoping Applie Brown) (Bio) H. Boy Jero at Agent son inter-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 FUNTA GORDA FL 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther 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: /

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