


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 APR 17 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L94000000160 KATZEN BURCHERS PUNTA GORDA, L.C. P.O. BOX 983 PUNTA GORDA FL 33951-0983
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1a. Principal Place of Business Address P.O. BOX 983 PUNTA GORDA FL 33951

2. Principal Place of Business	2a. Mailing Address P.O. Box 510983	3. Date Organized or Qualified 04/15/1994	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0465163	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 05/01/1996	6. Certificate of Status Desired SR 75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent DUNN, RANDALL 329 E OLYMPIA AVE PUNTA GORDA FL 33950	8. Name and Address of New Registered Agent Name 600002150396--0 Street Address (P.O. Box Number is Not Acceptable) ****203.75 ****203.75 Suite, Apt. #, etc. City FL Zip Code
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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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KATZEN, MELVYN J	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: X  **MELVYN J. KATZEN** 4-11-97 941-639-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #