
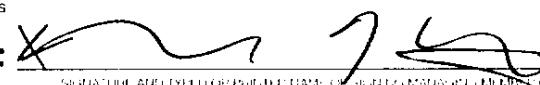


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 26 AM 10:17	
<b>FILING FEE</b> \$ 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 # L94000000160		1a. Principal Place of Business Address	
KATZEN BURCHERS PUNTA GORDA, L.C. P.O. BOX 510983 PUNTA GORDA FL 33951				P.O. BOX 983 PUNTA GORDA FL 33951	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1994	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0465163	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/27/1998	
				6. Certificate of Status Desired \$8.75 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) Suite, Apt. #, etc. City Zip Code FL		
			3000002858239-4 -04/30/99-01065-014 ****188.75 ****188.75		
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 changing office)					
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:  Melvyn Katzen 941-639-8363 4/20/99					