


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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 APR 18 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # 195000000118**  
  
BUDD MAYER REGIONAL COMPANY, L.C.  
3444 MEMORIAL HWY  
TAMPA FL 33622-5138

1a. Principal Place of Business Address  
3444 MEMORIAL HWY  
TAMPA FL 33622

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  
02/09/1995

3a. State of Formation  
FL

4. FEI Number  
59-3317235  
 Applied For  
 Not Applicable

5. Date of Last Report  
02/09/1996

6. Certificate of Status Desired  
 Additional Fee Required

7. Name and Address of Current Registered Agent  
ERGER, ROBERT B  
3444 MEMORIAL HWY.  
TAMPA FL 33622

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc. ~~800002150828-0~~  
City ~~FL~~  
-04/22/97--01062--008  
\*\*\*\*203.75 \*\*\*\*203.75  
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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CHADWICK, JERROLD C	601 LOMAX STREET	JACKSONVILLE FL
MEM	DOCKTOR, CLYDE	2250 CORPORATE PLAZA SUITE	SMYRNA GA
MEM	EVANS, MICHAEL J	2100 RIVERCHASE CNTR #406	BIRMINGHAM AL
MEM	SUNDERLAND, C. MICHAEL	3444 MEMORIAL HWY.	TAMPA FL
MEM	MATTHEWS, WILLIAM D	2100 RIVERCHASE CNTR #400	BIRMINGHAM AL
MEM	REID, CHARLES	2100 RIVERCHASE CNTR #400	BIRMINGHAM AL

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:** *Robert B. Erger* 4/2/97 813) 282-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #