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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR 18 PM 2: 39 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000676** 1a. Principal Place of Business Address BUDD MAYER SUPERCENTERS, L.C. 3444 MEMORIAL HIGHWAY 3444 MEMORIAL HIGHWAY TAMPA FL 33607 TAMPA FL 33607 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 06/21/1996 Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For 59-3415141 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Sti 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent ERGER, ROBERT B 3444 MEMORIAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33607 Suite, Apt. #, etc. 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 required when reinstalling) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGR SUNDERLAND, C. MICHAEL 3444 MEMORIAL HIGHWAY TAMPA FL 00002150830--4 -04/22/97--01062--009 ****203.75 ****203.75 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. Hurther 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: SIGNATURE AND TYPED OR PRINTED NAME DESIGNING MANAGING MEMBER OR MANAGER INHSE10 R(12-96)