File on subjec	or before	e May 1, 00.00 LA	1998 c	r Limited E.	i Liabili	ty Com	pany wil	li be		, ()	co.		
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State									SECRETARY OF STATE DIVISION OF CORPORATIONS				
1998 DIVISION OF CORPORATIONS									98 APR 24 AM 8: 41				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									Jk 4/28				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19600000676													
BUDD MAYER SUPERCENTERS, L.C.									1a. Principal Place of Business Address				
3444 MEMORIAL HIGHWAY TAMPA FL 33607									3444 MEMORIAL HIGHWAY TAMPA FL 33607				
2. Principal Place of Business 2a. M					illing Address				3. Date Organized or Qualified 3a.			of Formation	
Suite, Apt. #, etc.				Suite, Ap	t. #. etc.				06/21/1	996	FL		
									4. FEI Number			Applied For	
City & State				City & St	City & State				59-3415			Not Applicable	
Zip	Country			Zip	Zip Count				5. Date of Last Report 04/18/1997		6. Certificate of Status Desired S8.75 Additional Lee Required		
7. Name and Address of Current Registered									Name and Address of New Registered Agent/Office				
ERGER, ROBERT B 3444 MEMORIAL HIGHWAY TAMPA FL 33607							Name						
						•			FL				
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) (N 10. Title Managing Members/Managers					OTE: Registered Agent signature required when reinstating) Business Street Address				City, State and Zip Code				
MGR	SUNDER	3444 MEMORIAL HIGH			GHV	VAY	ТАМРА	FL					
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					RE-EX	ECUT	E Cof	ργ	CM	ichal	Len	ela	

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 urther 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.

2/26/98 813)282-6900

SIGNATURE: X