


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

**APPROVED  
AND  
FILED**

**1997 MAY -1 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #L96000000704</b>
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**B.T.'S FLOWER GALLERY, L.C.**  
~~POST OFFICE BOX 54-1594~~  
~~OPA LOCKA FL 33054~~

1a. Principal Place of Business Address  
**17847-B NW 27TH AVENUE  
OPA LOCKA FL 33056**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	<b>17847B N.W. 27 AVE.</b>	<b>06/27/1996</b>	<b>FL</b>
City & State	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	City & State	<b>65-0679833</b>	5. Date of Last Report
Country	<b>MIAMI FL</b>	6. Certificate of Status Desired	<input type="checkbox"/> Additional Fee Required
Zip	Country	<b>33056</b>	

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
<b>ELLIS, TONYA 17847-B NW 27TH AVENUE OPA LOCKA FL 33056</b>	Name <b>BURKE, BARBARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>17847-B NW 27TH AVENUE</b> Suite, Apt. #, etc. City <b>MIAMI</b> Zip Code <b>FL 33056</b>

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 Barbara Burke DATE April 26, 1997  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BURKE, BARBARA	19425 NW 42ND AVENUE	MIAMI FL
MGRM	ELLIS, TONYA	1915 NW 191ST STREET	MIAMI FL
			<b>400002176904--3</b> <b>-05/13/97--01079--006</b> <b>****203.75 ****203.75</b> <b>TSB</b> <b>5/12/97</b>

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: Barbara Burke BARBARA BURKE 4/26/97 (305)621-0221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #