	•• La la esta	, At				<i>\(\tau\)</i>
ANNUAL REPORT APPLICATION FOR LIMITED LIABILITY COMPANY	FLORIDA DEPARTMS Sandra B. M Secretary of DIVISION OF COR	ortham State	DIVISI 98 M	FILE CRETARY ( ON OF COR	D OF STATE PORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			98 NOV -9 AMII: 13			
Name and Mailing Address     of Limited Liability Company  DOCU	MENT# L970	00000138	•			
BUSTER BROWN Investment club LLC						
8955 Bensalem DR			8022 BENZOJEW DB			
Jacksonville, Fla. 32257			200k20UVILLE END			
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.	Suite, Apt. #, etc.		01-31-1997 Floorigd			
			4. FEI Number 59 - 34 34 784 Papplied For			
City & State	City & State				<u>L</u>	Not Applicable
Zip Country	Zip Count	гу	5. Date of Last Re	eport	6. Certificate ( \$8.75 Additional	of Status Desired
7. Name and Address of Current I	Registered Agent	8.	Name and Addre	ess of New Re		
Alexis J. Barnes		Name Olav	ic TB	20005		
3542 Almeda St. Street Address (P			O. Box Number is Not Acceptable)			
3542 Almedo St.  Jax., Fl. 3229  Street Address (P.C. 3542 All Suite, Apt. #, etc.				<u> </u>		///
•		695		_ <del>-</del> -	Zie Code	V
		Jax.		FL	Zip Code 3220	9
9. I, being appointed the registered agent of the abo	ove named limited liability company	, am familiar with and	accept the obligati	ons of Chapter	608, F.S.	
Signature of	4. 4 -		_	n.l.	3/98	
Registered Agent (COLOR)	REGISTERED AGENT MUST SIGN		Dat			
10. Title Managing Members/Managers  MGR REGINAL LEG		Sensale			ity, State & Zip	Code Code
MGR REGINALD LEG		ARROWKO				WEELS IT
rocky Henry Sim	100 4613 4	less Or Jacksonille Fr. 32308				
read HIEXIS BORN	52 82dg	Almeda	et	Jacke	wille.	F=32209
		·	19	799系	<b>585</b> 5	<b>61</b> -002 7
				****	88.75 ¥	***188.75
						)
e						
						}
11 I certify that I am managing member/manager or						
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
•	ed in second	Date 11(3	198	aytime Phone	# <u>~~~</u> 3	4-967

Typed or printed name of signing Managing Member/Manager

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