


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																																							
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000133 BUSTER BROWN INVESTMENT CLUB, LLC 8955 BENSALAM DRIVE JACKSONVILLE FL 32257		1a. Principal Place of Business Address 8955 BENSALAM DRIVE JACKSONVILLE FL 32257																																							
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 01/31/1997 3a. State of Formation FL 4. FEI Number 59-3424784 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																					
5. Date of Last Report 11/09/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																							
7. Name and Address of Current Registered Agent BARNES, ALEXIS 3542 ALMEDA STREET JACKSONVILLE FL 32209			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City																																						
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Transferring)</small>																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>BARNES, ALEXIS</td> <td>3542 ALMEDA ST</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td>MGR</td> <td>LEONARD, REGINALD</td> <td>8955 BENSALAM DRIVE</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>LUNDY, JUNE S</td> <td>6536 ARROWROOT DR.</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>SIMON, HENRY L SR.</td> <td>4617 HARBOR VIEW DR.</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>JOHNSON, H.</td> <td>3931 ANVERS BLVD.</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td>MGRM</td> <td>ABRAMS, THOMAS</td> <td>8955 BENSALAM DRIVE</td> <td>JACKSONVILLE FL</td> </tr> <tr> <td></td> <td>JACKSON, C.</td> <td>3500 UNIVERSITY BLVD. #250</td> <td>JACKSONVILLE, FL</td> </tr> <tr> <td></td> <td>GOODE, H.</td> <td>9232 10th AVE.</td> <td>JACKSONVILLE, FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	BARNES, ALEXIS	3542 ALMEDA ST	JACKSONVILLE FL	MGR	LEONARD, REGINALD	8955 BENSALAM DRIVE	JACKSONVILLE FL	MGRM	LUNDY, JUNE S	6536 ARROWROOT DR.	JACKSONVILLE FL	MGRM	SIMON, HENRY L SR.	4617 HARBOR VIEW DR.	JACKSONVILLE FL	MGRM	JOHNSON, H.	3931 ANVERS BLVD.	JACKSONVILLE FL	MGRM	ABRAMS, THOMAS	8955 BENSALAM DRIVE	JACKSONVILLE FL		JACKSON, C.	3500 UNIVERSITY BLVD. #250	JACKSONVILLE, FL		GOODE, H.	9232 10th AVE.	JACKSONVILLE, FL
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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: <u>Reginald M. Leonard</u> <u>4/16/99</u>																																									