File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 APR 27 AM 9: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700000381 1a. Principal Place of Business Address FRIENDLY MART, L.C. 212 NORTH INDIANA AVENUE 212 NORTH INDIANA AVENUE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/02/1997 L FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ITTEL, JAMES A Street Address (P.O. Box Number is Not Acceptable) 212 NORTH INDIANA AVENUE ENGLEWOOD FL 34223 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. Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) SIGNATURE \_ 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code JAMES MEM ITTEL, JAME A 212 NORTH INDIANA AVENUE ENGLEWOOD FL MEM ITTEL, JULIE A 212 NORTH INDIANA AVENUE ENGLEWOOD FL sdooo2510725---6 -05/05/98--01050--004 \*\*\*\*188.75 \*\*\*\*188.75 11. I do heraby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE:

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