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 MAY -4 PM 1: 30 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 #** L97000000500 1a. Principal Place of Business Address BUTH & SILVERA ENTERPRISES LLC 3787 AMAPOLA LANE 3787 AMAPOLA LANE SARASOTA FL 34238 SARASOTA FL 34238 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Malling Address 05/08/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country Country Zip S8-75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BUTH, LORRAINE L Street Address (P.O. Box Number Is Not Acceptable) 3787 AMAPOLA LANE SARASOTA FL 34238 Suite, Apt. #, etc. City 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BUTH, LORRAINE L 3787 AMAPOLA LANE SARASOTA FL MGRM SARASOTA FL SILVERA, BARBARA 7764 FAIRWAY WOODS DRIVE 400002515934---0 -05/07/98--01103--016 \*\*\*\*\*188.75 \*\*\*\*188.75

11. For 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

The LORRAINEL BURY

attachment with an address.