


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 13 PM 4:00 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 # L97000000934		1a. Principal Place of Business Address	
TWO BUTTONS, L.C. ATTN: RYAN OR SUZANNE SYSKO 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418				ATTN: RYAN OR SUZANNE SYSKO 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. 930 AUGUSTA POINTE DR		TWO BUTTONS, L.C. Suite, Apt. #, etc. 111 ROCKLAND CIRCLE		08/22/1997	
City & State PALM BEACH GARDENS, FL		City & State WILMINGTON, DE		3a. State of Formation FL	
Zip 33418		Country USA		4. FEI Number (SEE 2 p) 65-0775637	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
SYSKO, RYAN 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	SYSKO, RYAN A	111 ROCKLAND CIR		WILMINGTON DE	
MEM	SYSKO, SUZANNE K	1142 BATTERY AVE 2ND FLOOR		BALTIMORE MD	
				400002459494--3 -03/17/98--01057--001 ****188.75 ****188.75 OR 3-14	

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: ✓ 

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

5/10/98

Date

Daytime Phone #

✓ 302-656-7501