

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 TWO BUTTONS, L.C. ATTN: RYAN OR SUZANNE SYSKO 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418 |
|--|

| |
|--|
| 1a. Principal Place of Business Address ATTN: RYAN OR SUZANNE SYSKO 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418 |
|--|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. 930 AUGUSTA Pointe DR City & State PALM BEACH Gardens, FL Zip 33418 Country USA | 2a. Mailing Address Two Buttons, L.C. Suite, Apt. #, etc. 111 ROCKLAND CIRCLE City & State WILMINGTON, DE Zip 19803 Country USA |
|--|--|

| | |
|--|--|
| 3. Date Organized or Qualified 08/22/1997 | 3a. State of Formation FL |
| 4. FEI Number ^{TRK 2 p} 65-0775637 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/> |

| |
|--|
| 7. Name and Address of Current Registered Agent SYSKO, RYAN 930 AUGUSTA POINTE DR PALM BEACH GARDENS FL 33418 |
|--|

| |
|---|
| 8. Name and Address of New Registered Agent/Office 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]* Date: 5/10/98 ✓ 302-656-7501
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #