

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
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FILED

99 MAY 12 PM 1:35

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
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19700001146 BROOKSTONE DEVELOPMENT, L.C. 1300 SOUTHWEST SAN ANTONIO DRIVE PALM CITY FL 34990 95 John Muir Drive Suite 108 Amherst, NY 14228
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1a. Principal Place of Business Address 1300 SOUTHWEST SAN ANTONIO D PALM CITY FL 34990 95 John Muir Drive Suite 108 Amherst, NY 14228
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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3. Date Organized or Qualified 10/15/1997	3a. State of Formation FL
4. FEI Number 16-1545381	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/12/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent BUCKALLEW, DARL 1300 SOUTHWEST SAN ANTONIO DRIVE PALM CITY FL 34990
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8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc. City Tallahassee Zip Code FL 32301

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: *Laura P. De...* DATE: 5/25/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BUCK, DAVID A	6278 GOTT CREEK TRAIL	EAST AMHERST NY

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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: *[Signature]* 11-26-88 716-639-0396