


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 10 AM 11:09 | |
| 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 # L98000002762 3855 T & F REALTY LC 3855 GULF BLVD. ST. PETE BEACH FL 33706 | | 1a. Principal Place of Business Address 3855 GULF BLVD. ST. PETE BEACH FL 33706 | | | |
| 2. Principal Place of Business <i>Same</i> | | 2a. Mailing Address <i>Same</i> | | 3. Date Organized or Qualified 11/18/1998 | |
| Suite, Apt. #, etc. City & State <i>St. Pete Beach, FL</i> | | Suite, Apt. #, etc. City & State <i>St. Pete Beach, FL</i> | | 3a. State of Formation FL | |
| Zip 33706 | | Country <i>Pinellas</i> | | 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 3/2/99 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 7. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing a new agent)</small> | | | DATE _____ | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | BUETI, ANTONIO | 11 CAPTAIN THEALE ROAD | | BEDFORD NY | |
| MGRM | BUETI, FRANCESCA | 11 CAPTAIN THEALE ROAD 3855 GULF BLVD. ST. PETE BEACH, FL 33706 | | BEDFORD NY ST. PETE BEACH, FL. 33706 | |
| | | | | 90000028032491--9 -03/11/99--01113--011 ****188.75 ****188.75 | |

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. 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:

Antonio Buetti
 ANTONIO BUETI

3/2/99 (727) 367-1983

SIGNATURE AND FEE FOR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER