


FILE NOW: Fee after May 1, will be \$588.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000024 SIMPLY THE BEST L.L.C. OF VIRGINIA 3800 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426 | | 1a. Principal Place of Business Address 3800 SOUTH CONGRESS AVENUE BOYNTON BEACH FL 33426 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | |
| 3. Date Organized or Qualified 01/18/1996 | | 3a. State of Formation VA | |
| 4. FEI Number 54-1773641 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent KLEIN, GARY L 5101 C NESTING WAY DELRAY BEACH FL 33484 | | 8. Name and Address of New Registered Agent Name ERNEST CLEMENS Street Address (P.O. Box Number is Not Acceptable) 616 H2 SEA PINE WAY Suite, Apt. #, etc. City WEST PALM BEACH FL Zip Code 33415 | |
| 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 <u>Ernest Clemens</u> DATE <u>3-10-97</u> (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 | SMITH, LAWRENCE M | 4102 WALTERS DRIVE | CHESTER VA |
| MGRM | DOUGHERTY, JAMES A | 6009 MOSS CREEK COURT | MIDLOTHIAN VA |
| | | | 600002176476--0 -05/13/97--01061--009 ****203.75 ****203.75 JB5-9-97 |
| 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: <u>[Signature]</u> DATE <u>3-10-97</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone # | | | |