

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 19 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 #M96000000193**

THE BUFFALO CONNECTION, L.L.C.  
% KEVIN MICHAEL SIDOR, WESTWOOD SHOPPING  
CENTER, 2020 W. PENSACOLA ST., SUITE #3  
TALLAHASSEE FL 32304

1a. Principal Place of Business Address

% KEVIN MICHAEL SIDOR, WESTWOOD  
CENTER, 2020 W. PENSACOLA ST.  
TALLAHASSEE FL 32304

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <b>SAME</b>		2a. Mailing Address		3. Date Organized or Qualified <b>05/03/1996</b>	3a. State of Formation <b>AL</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>63-1121793</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent

SIDOR, KEVIN M  
WESTWOOD SHOPPING CENTER,  
2020 W PENSACOLA ST., SUITE #3  
TALLAHASSEE FL 32304

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code  
**FL**

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
MGR	LEE, JAMES C III	111 OXMOOR RD.	BIRMINGHAM AL
MGR	FRANKLIN, BYRON P	1204 MEADOW DR.	BIRMINGHAM AL

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\*\*\*\*203.75 \*\*\*\*203.75

DB2-19-97

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:

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

Date

Daytime Phone #