



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 19 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # M96000000193</b>			
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 SAME		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 05/03/1996	
3a. State of Formation AL		4. FEI Number 63-1121793		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required			
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 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			DATE _____		
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	
500002093615--4 -02/20/97--01097--006 ****203.75 ****203.75 JB2-19-97					
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: 		2/10/97		Date Daytime Phone #	