



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

<b>LIMITED LIABILITY COMPANY ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	<b>FILED</b> <b>97 APR 28 AM 8:49</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M96000000348</b> <b>EASY BREATHE LTD., LIMITED LIABILITY COMPA</b> <b>NY</b> <b>2690 CAMDEN ROAD</b> <b>COLUMBUS OH 43221</b>		<b>1a. Principal Place of Business Address</b> <b>2690 CAMDEN ROAD</b> <b>COLUMBUS OH 43221</b> <span style="float: right;"><i>mwg</i></span>		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> <b>09/12/1996</b> <b>3a. State of Formation</b> <b>OH</b> <b>4. FEI Number</b> <b>31-1474559</b> <b>5. Date of Last Report</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> <b>SB 26 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b> <b>WESTCOTT, JAMES R</b> <b>1121 SOUTH WEST LIGHT HOUSE DRIVE</b> <b>PALM CITY FL 34990</b>		<b>8. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>Suite, Apt. #, etc.</b> <b>City</b> <span style="float: right;"><b>Zip Code</b></span> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div>		
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 _____ <div style="text-align: center; font-size: x-small;">(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</div>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	WESTCOTT, JAMES R	1121 SOUTH WEST LIGHT HOUS	PALM CITY FL	
<div style="font-family: monospace; font-size: 1.2em; font-weight: bold;">300002167483--0</div> <div style="font-family: monospace; font-size: 0.8em;">-05/06/97--01072--024</div> <div style="font-family: monospace; font-size: 0.8em;">****203.75 ****203.75</div>				
<b>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.</b>				
<b>SIGNATURE:</b>  <span style="float: right;"><b>4/23/97</b> <b>561 221 7839</b></span>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				