File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

• ,	1998		Sec DIVISION	oretary of OF CORI		IONS		98 MAY	-4 1	PH 3: 45	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # M9700000614											
1	BUFFALO-NEPTUNE E 570 DELAWARE AVEN BUFFALO NY 14202	BEACH S			0061	- <b>4</b>	1a. Principal Pla 570 DEL BUFFALC	AWARE A	VENU	E	
2. Principal Place of Business 2a. Mail			ing Address				3. Date Organiz		3a. State of Formation		
Suite, Apt. #, etc. Suite			Apt. #, etc.				09/19/1 4. FEI Number	997	NY	Applied For	
Chy & State		City & St	City & State							Not Applicable	
Zip	Country	Zip		Count	ry		5. Date of Last F	Report		licate of Status Desired	
7. Name and Address of Current Registered			Agent 8.				Name and Address of New Registered Agent/Office				
1201 TALLi	CRATION SERVICE , HAYS STREET AHASSEE FL 32301  Int to the provisions of Sections 608.4 red office or registered agent, or both, in red agent, and accept the obligations.	Street Address ( Suite, Apt. #, etc City Florida Statutes, the above-named limiter			Apt. #, etc.	Zip Code  FL  liability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment					
SIGNATU	RE(Registered Agent Accept	are Appointment)   f	NOTE Registered	Apent signatur	o required	when reinstaling)		DATE			
10. Title Managing Members/Managers			Business Street Address					City, State and Zip Code			
MGR MGR	BALDAUF, DAVID F	570 DELAWARE AVENU					BUFFALO NY				
MGR	BENDERSON, RANDA					AVENU		BUFFAI			
MGR	FLEISCHMANN, PET		787 D				-	BUFFAI			
			:				eo eo	0002 -05/12 ***12	515 793 82.50	96365 01018019 ****188.75	

11. Ido 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 Ilmited 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.