| ile on c | r be to a \$ | a 400.0 | y 1, 1999 or 1 0 LATE FEE. | Limited | Liabili | lty Com | pany will b | e - | | | |
|---|--------------------------------|-----------------------------|--|---|---------------------------|--------------------------------|---|---|---------------------------------------|--|---|
| | NNUAL | LITY C REPO 99 | OMPANY PRT | FILED | | | | | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | | | 99 JUL -6 PH 5: 00 | | | |
| \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001611 | | | | | | | | SECRETARY OF STATE | | | |
| | | | | 1a. Principal Place of Business Address | | | | | | | |
| THE HERMAN GROUP, LLC 455 COMMERCE DRIVE AMHERST NY 14228-2388 | | | | | | | | 455 COMMERCE DRIVE AMHERST NY 14228 | | | |
| 2. Principal Place of Business 2a. Mailin | | | | | g Address | | | 3. Date Organized or Qualified | | 3a. State of Formation | |
| | | | | | | | | 12/29/1998 | | NY | |
| Suite, Apt. #, etc. Suite, Apt. | | | | | #, etc. | | | 4. FEI Number | | | Applied For |
| City & State City & | | | | | ate | | | 16-1490071 | | | Not Applicable |
| Zip | Country Z | | | Zip | | Count | ry | 5. Date of Last Report | | 6. Certificate of Status Desired 88.75 Additional Fee Required | |
| | 7. N | ame and | Address of Current | Registered | Agent | | 8. Name | . Name and Addres | s of New Regis | tered Age | nt/Office |
| CORPORATION SERVICE , COMPAN' 1201 HAYS STREET TALLAHASSEE FL 32301 | | | | | | | Street Address Suite, Apt. #, e | (P.O. Box Number is Not Acceptable) otc. Zip Code | | | |
| its register | ed office o | r registere | of Sections 608.416 d agent, or both, in the pt the obligations. | and 608.508, e State of Flor | , Florida S rida. Such | tatules, the a change was a | bove-named limite outhorized by affirm | ed liability company s native vote of a majori | ubmits this state ty of the member | ement for th rs. Thereby a | ne purpose of changing accept the appointment |
| SIGNATU | RE | | Registered Agent Accepting | | DATE | | | | | | |
| 10. Title | itle Managing Members/Managers | | | | Business Street Address | | | ss | City, State and Zip Code | | |
| MGRM | THE | WEIS | S FAMILY, | LLC | 455 | COMME | RCE DRIV | V E | AMHER | ST NY | |
| MGRM | THE | SAVA | RINO FAMI | LY, L | 455 | COMME | RCE DRIV | VE | AMHERST NY | | |
| MGRM | THE | MANK | O FAMILY, | LLC | 455 | COMME | RCE DRIV | E AMHERST NY | | | |
|] | | | | | | | | ም ር | 100000 -07/0 **** | 3793 | 7667! -01084002 0 ****197.5 |

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), Fiorida Statutes. If urther 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 ampowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attackment with an address.

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

STEVEN J. WEISS

716 929.0039

Day'me Phone 4

4/30/99

attachment with an address.

SIGNATURE: