


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

**APPROVED
AND
FILED**

1997 APR 17 AM 9:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #200352
KATZEN BURCHERS MARATHON, I.C. P.O. BOX 983 PUNTA GORDA FL 33951-9830	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
P.O. BOX 983 PUNTA GORDA FL 33951

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
	P.O. Box 510983	02/13/1991	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0210758	
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
		05/01/1996	<input checked="" type="checkbox"/> \$0.75 Additional Fee Required
Zip	Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
DUNN, RANDALL 329 E OLYMPIA AVE. PUNTA GORDA FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
	900002150379--3 -04/22/97--01039--012 ***203.75 ***203.75 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
M	KATZEN, MELVYN J.	329 E OLYMPIA AVE.	PUNTA GORDA FL
M	BURCHERS, SAMUEL A.	1910 JAMAICA WAY	PUNTA GORDA FL

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:  **MELVYN J. KATZEN** 4-11-97 941-639-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #