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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** 97 JAN 29 PM 4: 19 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #200609** 1a. Principal Place of Business Address US, LIMITED COMPANY 2170 SUNNYDALE BLVD. 2170 SUNNYDALE BLVD. SUITE W BUITE W CLEARWATER FL 34625 CLEARWATER FL 34625 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation D7/06/1992 ŢL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3131078 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country SB-75-Additional Fee Required D2/22/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name SUNUS CORPORATION, 2170 SUNNYDALE BLVD. Street Address (P.O. Box Number is Not Acceptable) buite w CLEARWATER FL 34625 Suite, Apt. #. etc. 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) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code BUNUS CORPORATION, 2170 SUNNYDALE BLVD., #W **CLEARWATER FL** 300002074003--8 -01/30/97--01076--005 ****203.75 ****203.75

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Designated Manager for Us, Limited Company

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. Unrither 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 cath; that I am a managing member or manager of the

ustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

limited liability company or the receiver

attachment with an address.

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