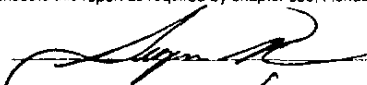


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SENTINEL FINANCING LTD., L.P.		1a. DOCUMENT # A97000001643	
2. Mailing Address 210 NO. UNIVERSITY DRIVE, SUITE 800 CORAL SPRINGS FL 33071		3. Date Formed or Registered 07/28/1997	
2a. Principal Office Address 210 NO. UNIVERSITY DRIVE, SUITE 800 CORAL SPRINGS FL 33071		3a. Date of Last Report	
2. Mailing Address 601 Gateway Blvd. Suite, Apt. #, etc. Suite 260 City & State S. San Francisco, CA Zip 94080 Country USA		4. State or Country of Formation FL	
2a. Principal Office Address 601 Gateway Blvd. Suite, Apt. #, etc. Suite 260 City & State S. San Francisco, CA Zip 94080 Country USA		5a. Capital Contributions as Shown on record. \$4,950.00	
		5b. Amount of Capital Contributions in FLORIDA to date	
		6. FEI Number 65-0776789 ☐ Applied For ☐ Not Applicable	
		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HOSER, VAN 210 NO. UNIVERSITY DRIVE, SUITE 800 CORAL SPRINGS FL 33071		10. If changed, new Registered Agent/Office Name Monica Armentano Street Address (P.O. Box Number Is Not Acceptable) 6138 Buena Vista Drive Suite, Apt. #, etc. Margate, FL 33063 City Margate, Zip Code FL 33063	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) Monica Armentano ^{24.} DATE 12/22/97			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SENTINEL ACCEPTANCE CORPORAT	210 NO. UNIVERSITY DR 601 Gateway Blvd. #260	CORAL SPRINGS FL 33071 S. San Francisco, CA 94080	P95000073078
000002403760--8 -01/16/98--01111--031 ****156.25 ****156.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 12/22/97	
Typed or Printed Name of General Partner Signing Form Suzanne Tikkannen		Daytime Telephone Number 650-869-3600	

CR2E003 (6/97)