



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 11 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000361 EQUITY CAPITAL FUND-I, L.C. 9200 S. DADELAND BLVD. SUITE 609 500 MIAMI FL 33156		1a. Principal Place of Business Address 9200 S. DADELAND BLVD. SUITE 609 MIAMI FL 33156			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc. 500 City & State Zip		2a. Mailing Address Suite, Apt. #, etc. Suite 500 City & State Zip		3. Date Organized or Qualified 05/09/1995 4. FEI Number 65-0580862 APPLIED FOR 5. Date of Last Report 02/21/1996	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> See 7. Additional Fee Required	
7. Name and Address of Current Registered Agent KEY CORPORATE SERVIC, ES INC. 200 S. BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002147130-5 -04/17/97-01121-006 ****203.75 ****203.75 City FL 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 _____			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	
MGRM	EQUITYLINE FINANCIAL C	9200 S. DADELAND BLVD., SU		MIAMI FL	
MGRM	CAPITAL HOLDING LLC	85 BUCKINGHAM STREET		HARTFORD CT	
	Equity Capital Fund I, L.C.	9200 South Dadeland Blvd #500		Miami, FL 33156	
					
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: _____			ROBERT E. SPIELMAN		2/28/97 305-670-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date		Daytime Phone #