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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000004487 (1)

LL FUNDING CORP.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1600 SPRING HILL ROAD. SUITE 2308 1600 SPRING HILL ROAD. SUITE 2308 VIENNA VA 22182 VIENNA VA 22182 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/25/1997</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 10640 Main Street 10640 Main Street 52-1995355 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 300 # 300 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Fairtax tairfax, Virginia Virginia Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 22030 24 22030 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code Pursuant to the provision office or registered ager agent. I am familial with of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the objection of Section 07.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE President Change ___ Addition sidhu, Patwinders SIDHU, PATWINDER S NAME 1.2 NAME 10640 Main Street, suite 300 1600 SPRING HILL ROAD, SUITE 230B STREET ADDRESS 1.3 STREET ADDRESS **VIENNA VA 22182** Fairfax, VA 22030 CITY-ST-ZIP 1.4 CITY-ST-ZIP vice president DELETE TITLE Addition Change 2.1 TITLE Robert vignato louto main street, suite 300 VIGNATO, ROBERT NAME 2.2 NAME 1600 SPRING HILL ROAD, SUITE 230B STREET ADDRESS 2.3 STREET ADDRESS Fairfax, VA 22030 VIENNA VA 22182 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE secretary Change Addition TITLE Tomasello, James TOMASELLO, JAMES NAME 3.2 NAME 10610 Main Street, Swife 300 1600 SPRING HILL ROAD, SUITE 230B STREET ADDRESS 3.3 STREET ADDRESS **VIENNA VA 22182** Fairfax, VA 22030 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CIGNATURE.