

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

1997 MAR -3 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 293.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Male Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # L93000000290

EQUITY FUNDING GROUP, L.C.
30 COMPASS POINT
FT LAUDERDALE FL 33308

1a. Principal Place of Business Address
30 COMPASS POINT
FT LAUDERDALE FL 33308

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
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/03/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0544892	
				5. Date of Last Report	6. Certificate of Status Desired
				02/26/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324		Name Equity Merchant Banking Corporation, L.C. Street Address (P.O. Box Number is Not Acceptable) 2419 E. Commercial Boulevard Suite, Apt. #, etc. Suite 304 City Fort Lauderdale, FL Zip Code 33308	

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 Equity Merchant Banking Corporation, L.C. DATE 2/17/96
By: Randolph W. Lenz, Managing Member (red when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LENZ, RANDOLPH W	30 COMPASS POINT	FT LAUDERDALE FL
MGR	GALLAGHER, THOMAS S	66 LARCHMONT AVENUE	LARCHMONT NY

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****203.75 ****203.75
2/17/97

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: Randolph W. Lenz 2/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #