


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L93000000290			
EQUITY FUNDING GROUP, L.C. XXXXXXXXXXXX FT LAUDERDALE FL 33308		1a. Principal Place of Business Address XXXXXXXXXXXX FT LAUDERDALE FL 33308			
2. Principal Place of Business 2419 E. Commercial Blvd. Suite, Apt. #, etc. #304 City & State Ft. Lauderdale, FL Zip 33308		2a. Mailing Address 2419 E. Commercial Blvd. Suite, Apt. #, etc. #304 City & State Ft. Lauderdale, FL Zip 33308		3. Date Organized or Qualified 09/03/1993 3a. State of Formation FL 4. FEI Number 65-0544892 5. Date of Last Report 03/03/1997	
7. Name and Address of Current Registered Agent EQUITY MERCHANT BANKING CORPORATION, 2419 E. COMMERCIAL BOULEVARD SUITE 304 FORT LAUDERDALE FL 33308		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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

03/02/98

(954) 202-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #