

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>99 MAR 22 AM 8:00</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L93000000290</b>  <b>EQUITY FUNDING GROUP, L.C.</b> <del>2419 XXXXXXXXXXXXXXXXXXXXXXXXXX</del> <del>3004X</del> <b>FT LAUDERDALE FL 33308</b>		1a. Principal Place of Business Address <del>2419 XXXXXXXXXXXXXXXXXXXXXXXXXX</del> <del>3004X</del> <b>FT LAUDERDALE FL 33308</b>			
2. Principal Place of Business <b>5401 N. Federal Highway</b> Suite, Apt. #, etc.		2a. Mailing Address <b>Same</b> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>09/03/1993</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		3a. State of Formation <b>FL</b>	
Zip <b>33308</b>		Country <b>USA</b>		4. FEI Number <b>65-0544892</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report <b>03/05/1998</b>	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>EQUITY MERCHANT BANKING CORPORATION,</b> <del>2419 XXXXXXXXXXXXXXXXXXXXXXXXXX</del> <b>SUITE 304</b> <b>FORT LAUDERDALE FL 33308</b>			8. Name and Address of New Registered Agent/Office Name <b>188.75</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 N. Federal Highway</b> Suite, Apt. #, etc. City <b>Fort Lauderdale FL</b>		
			Zip Code <b>33308</b>		
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 <b>3/15/99</b>		
<small>(Registered Agent Accepting Appointment) (SOLE Registered Agent Signature Required for Registered Agent)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MMGR	LENZ, RANDOLPH W	<b>5401 N. Federal Highway</b> <del>30 COMPASS POINT</del>		<b>FT LAUDERDALE FL</b>	
MGR	GALLAGHER, THOMAS S	<b>66 LARCHMONT AVENUE</b>		<b>LARCHMONT NY</b>	
<b>4000002828214--S;</b> <b>-04/02/99-01082--022</b> <b>***188.75 ***188.75</b>					
<b>dcc</b>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		<b>Randolph W. Lenz</b> <b>3/15/99</b>		<b>954-202-9990</b>	