
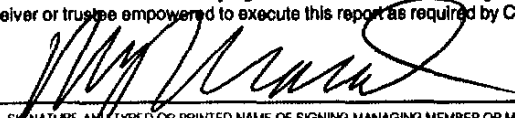


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 24 PM 4:21	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name and Mailing Address of Limited Liability Company  <b>THE FINANCIAL VALUATION GROUP, L.C.</b> <b>8074 NORTH 56TH ST.</b> <b>TAMPA FL 33617</b>				DOCUMENT # <b>L94000000212</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				1a. Principal Place of Business Address  <b>8074 NORTH 56TH ST.</b> <b>TAMPA FL 33617</b>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/13/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3298376	
Country		Country		5. Date of Last Report	
				04/24/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		3a. State of Formation	
WETHERINGTON, R. WADE 3321 HENDERSON BLVD. TAMPA FL 33609		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code		FL	
		500002158645-3 -04/29/97--01085--017 ****203.75 ****203.75		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		FL		<input type="checkbox"/> Certificate of Status Desired SE 75 Additional Fee Required <input type="checkbox"/>	
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	
MGR	MARD, MICHAEL J	8074 NORTH 56TH ST.		TAMPA FL	
MGR	RIGBY, JAMES S JR	900 WILSHIRE BLVD., NO 514		LOS ANGES CA	
MEM	MARD, MICHAEL	8074 NORTH 56TH ST.		TAMPA FL	
JB4-24-97					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  4/17/97 (813) 985-2232					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					