File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 APR 10 AMID: 37 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L9400000212 1a. Principal Place of Business Address THE FINANCIAL VALUATION GROUP, L.C. 8074 NORTH 56TH ST. 8074 NORTH 56TH ST. TAMPA FL 33617 **TAMPA FL 33617** 3. Date Organized or Qualified | 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 05/13/1994 4. FEI Number FLSuite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3298376 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent WETHERINGTON, R. WADE Street Address (P.O. Box Number is Not Acceptable) 3321 HENDERSON BLVD. TAMPA FL 33609 Suite, Apt. #, etc. 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. DATE SIGNATURE ____ (Registered Agent Accepting Appendment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title MGR MARD, MICHAEL J 8074 NORTH 56TH ST. TAMPA FL MGR RIGBY, JAMES S JR 900 WILSHIRE BLVD., NO 514 LOS ANGLES CA 8074 NORTH 56TH ST. MEM MARD, TAMPA FL MICHAEL

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 eath; 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.

SIGNATURI	Ξ	
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SIGNATURI AND TYPED OR PHINTED NAME OF SIGNING MANASING MEMBER OR MANAGER

Date Day

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