File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FHLED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 20 AH 10: 10 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Si Cali rolei bi spiel **DOCUMENT** # L94000000212 Name and Mailing Address
 of Limited Liability Company TALLAHASSEE, EL ORIDA 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** 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/13/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3298376 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Zipi Country 04/10/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WETHERINGTON, R. WADE 3321 HENDERSON BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33609 Suite Apt # etc City 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Registered Agent Accepting Appointment): (Int CE. Registered Agent signature requires with except of may 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR MARD, MICHAEL J 8074 NORTH 56TH ST. TAMPA FL RIGHY, JAMES S JR MGR 900 WILSHIRE BLVD., NO 514 LOS ANGLES CA MEM MARD, MICHAEL 8074 NORTH 56TH ST. TAMPA FL 9400002853259---04/27/99--01054--011 ****188 75 ****188.75 14.27.9 11 Ido hereby certify that the information supplied with this filling 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 some legal effect as it 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

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attachment with an address.

SIGNATURE:

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