
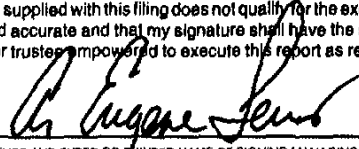


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #L94000000387</b>  GLOBAL FUNDING CONSULTANTS, L.C. 216 W. COLLEGE AVE., SUITE 202 TALLAHASSEE FL 32301		1a. Principal Place of Business Address  216 W. COLLEGE AVE., SUITE 20 TALLAHASSEE FL 32301	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified 08/11/1994		3a. State of Formation FL	
4. FEI Number 69-3263464		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 08/09/1996		6. Certificate of Status Desired <input type="checkbox"/> <b>SH 2: Additional Fee Required</b>	
7. Name and Address of Current Registered Agent  LEWIS, A. EUGENE 216 W. COLLEGE AVE., SUITE 202 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 900002162549-- -05/01/97--01108--025 City ***107646 ***203.75 <b>FL</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 _____	
(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	DODD, JACK P	216 W. COLLEGE AVE., SUITE #202 TALLAHASSEE FL 32301	
MGR	LEWIS, A. EUGENE	216 W. COLLEGE AVE., SUITE #202 TALLAHASSEE FL 32301	
MGR	WHITE, MARLOW V.	216 W. College Avenue., Suite 202 Tallahassee, FL 32301	
MEM	Dodd Family Trust	2206 Mahan Drive Tallahassee, FL 32308	
MEM	Lewis Family Trust	2206 Mahan Drive Tallahassee, FL 32308	
MEM	White Family Trust	429 E. 6th Avenue Tallahassee, FL 32305	
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: 		4/28/97 904 425-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #