


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**FILED**  
98 JUL 13 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

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 2 TALLAHASSEE FL 32301
---

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 4. FEI Number 59-3263464 5. Date of Last Report 04/29/1997	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
--	---	---	---

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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
---	---

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) (NOT: 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	TALLAHASSEE FL
MGR	LEWIS, A. EUGENE	216 W. COLLEGE AVE., SUITE	TALLAHASSEE FL
MGR	WHITE, MARLOW	216 W. COLLEGE AVE., SUITE	TALLAHASSEE FL
MEM	DODD FAMILY TRUST,	2206 MAHAN DRIVE	TALLAHASSEE FL
MEM	LEWIS FAMILY TRUST,	2206 MAHAN DRIVE	TALLAHASSEE FL
MEM	WHITE FAMILY TRUST,	2206 MAHAN DRIVE	TALLAHASSEE FL

11. I do hereby certify that the information supplied with this filing 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 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:  4/30/98 850-425-5000  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day/mo Phone #