


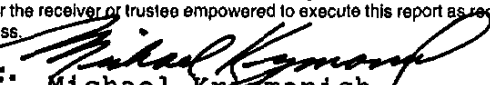


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR -3 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLA	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		<b>DOCUMENT #</b> L94000000413			
1. Name and Mailing Address of Limited Liability Company <b>KRIZMANICH HOLDINGS. L.C. C/O SEMINOLE FINANCE CORP. <del>21649 U.S. HIGHWAY 19 NO.</del> <del>CLEARWATER FL 34625</del></b>		1a. Principal Place of Business Address <b>5801 ULMERTON RD <del>SUITE 200</del> CLEARWATER FL 34620</b>			
2. Principal Place of Business <b>5801 ULMERTON ROAD</b> Suite, Apt. #, etc. <b>#203</b> City & State <b>Clearwater, FL</b> Zip <b>33760</b>		2a. Mailing Address <b>5801 ULMERTON ROAD</b> Suite, Apt. #, etc. <b>#203</b> City & State <b>Clearwater, FL.</b> Zip <b>33760</b> Country <b>Pinellas</b>		3. Date Organized or Qualified <b>08/16/1994</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>59-3261614</b> 5. Date of Last Report <b>04/03/1997</b> 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>COHRS, DENIS A 800 SECOND AVE S SUITE 380 ST PETERSBURG FL 33701</b>		8. Name and Address of New Registered Agent/Office Name <b>MICHAEL KRIZMANICH</b> Street Address (P.O. Box Number is Not Acceptable) <b>5801 ULMERTON ROAD</b> Suite, Apt. #, etc. <b>#203</b> City <b>CLEARWATER</b> Zip <b>FL 33760</b> <b>000002480950-1</b> <b>-04/07/98 --01046--015 1</b> <b>****188.75e ****188.75</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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE <b>3-30-98</b>			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	KRIZMANICH, MICHAEL G	5801 ULMERTON RD SUITE <sup>203</sup> <del>200</del>		CLEARWATER FL <b>33760</b>	
MEM	KRIZMANICH, VINCETTA	5801 ULMERTON RD SUITE <sup>203</sup> <del>200</del>		CLEARWATER FL <b>33760</b>	
					
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:  <b>Michael Krizmanich</b>		3/30/98 (813) 530-7722 Date Daytime Phone #			