


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
1 Name and Mailing Address of Limited Liability Company COMLEASE FUNDING, L.C. 301 S. DUNCAN STREET STE. 284 CLEARWATER FL 34615		DOCUMENT # L94000000709
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 301 S. DUNCAN STREET STE. 284 CLEARWATER FL 34615 <i>new</i>
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/23/1994 3a. State of Formation FL 4. FEI Number 59-3380936 SEE 59-3321443 ATTACHED 5. Date of Last Report 02/16/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent PEARSE, RICHARD L 814 CHESTNUT STREET CLEARWATER FL 34616		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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.		
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
10. Title	Managing Members/Managers	Business Street Address
MGR	FREITAG, MICHAEL B	307 LEEWARD ISLAND
MEM	FREITAG, MICHAEL B	307 LEEWARD ISLAND
MEM	BARRETT, JOHN P JR	C/O 300 S. DUNCAN STREET
		City, State and Zip Code CLEARWATER FL CLEARWATER FL CLEARWATER FL
900002118249--9 -03/19/97--01106--002 ****203.75 ****203.75		
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: <i>[Signature]</i> J BARRETT		Date 3/11/97 Daytime Phone #