


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		DOCUMENT # L94000000710			
FITZGERALD & ASSOCIATES ORLANDO, L.C. 507 N. NEW YORK AVE. SUITE 302 WINTER PARK FL 32789		1a. Principal Place of Business Address 507 N. NEW YORK AVE. SUITE 302 WINTER PARK FL 32789 <i>mwb</i>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		69-3287227	
Country		Country		5. Date of Last Report	
				04/15/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
SWARTSLL, VERNON 255 S ORANGE AVE 16TH FLOOR ORLANDO FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 7080002127207 City 03/28/97-01085-012 ****209.75 ****209.75 Zip Code 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	FITZGERALD, JAMES P JR	255 S ORANGE AVE		ORLANDO FL	
MEM	OAKLEY, MILLARD V	1024 W. MAIN STREET		LIVINGSTON TN	
MEM	FIRST SOUTHERN FUNDING	99 LANCASTER ST.		STANFORD KY	
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: BY: <i>Charles P. Otto</i> Vice-President <i>2/14/97</i> 606-365-3555					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					