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

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS Annual Report \$100,00 + \$103,75 Corporation Supplemental Fee FILING FEE SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000358 1a. Principal Place of Business Address WYNCREST MANOR, L.C. 9200 S. DADELAND BLVD. 9200 S. DADELAND BLVD. SUITE 500 SUITE 500 MIAMI FL 33156 MIAMI FL 33156 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 05/09/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2181347 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country SK 75 Additional Fee Regailed D6/06/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name KEY CORPORATE SERVICES, INC. 200 S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) 20TH FLOOR MIAMI FL 33131 Suite, Apt. #, etc. 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 (Registered Agen) Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title EQUITYLINE FINANCIAL G \$200 S. DADELAND BLVD., SU MIAMI FL MGRM MGRM CAPITAL HOLDING LLC , -45 BUCKINGHAM 67 Propert ave /97--01047--009 ****203.75 11. Edo hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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:

AND THEU OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

Daytime Phone #