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
DIVISION OF CORPORATIONS FILED 1997 97 APR 11 AM 9:51 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L95000000361 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address EQUITY CAPITAL FUND-I, L.C. 9200 S. DADELAND BLVD. SUITE 609 500 MIAMI FL 33156 9200 S. DADELAND BLVD. BUITE 609 MIAMI FL 33156 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 Qualifled | 3a. State of Formation 5/09/1995 Suite, Apt. #. etc. Applied For Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 02/21/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name KEY CORPORATE SERVIC, ES INC. 200 S. BISCAYNE BLVD. Street Address (P.O. Box Number Is Not Acceptable) POTH FLOOR 000002147130--5 -04/17/97--01121--006 ****203.75 ****203.75 MIAMI FL 33131 Suite, Apt. #, etc. 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) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGRMQUITYLINE FINANCIAL C 9200 S. DADELAND BLVD., SU WIAMI FL. MGRM I,LC 9200 South Daddand Blad# 500 Hiami, FL. 11. Ido hereby certify that the information supplied with this filling 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 ROBERT E. SPIELMAN SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR MANAGER