


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>Indian River Funding, L.C.</b>		<b>DOCUMENT # L96000000709</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address	
2. Principal Place of Business <b>645 Beachland Boulevard</b>	2a. Mailing Address <b>PO Box 560834</b>	3. Date Organized or Qualified <b>7/1/96</b>	3a. State of Formation <b>Florida</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3389894</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <b>Vero Beach, FL</b>	City & State <b>Miami, FL</b>	5. Date of Last Report <b>Initial Report</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip <b>32960</b>	Country <b>USA</b>	Zip <b>33156</b>	Country <b>USA</b>
7. Name and Address of Current Registered Agent <b>CSC Networks 1201 Hays Street Tallahassee, FL 32301</b>		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.608, 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)		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
10. Title <b>MGRM MGR</b>	Managing Members/Managers <b>Alden M. Ziemann Bernard Ziemann</b>	Business <b>P.O. Box 560834/11341 SW/52nd 49 Schaffer Rd</b>	City, State and Zip Code <b>Miami, FL 33156 Centerville, MA 02632</b>
		<b>500002184615--4</b> <b>-05/20/97--01029--009</b> <b>****203.75 ****203.75</b> <b>JB5-19-97</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) (l), 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.			
<b>SIGNATURE: Alden M. Ziemann</b> X <b>Alden M. Ziemann</b> X <b>4/29/97</b> X <b>508-420-6060</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			