
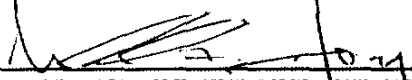


FILE NOW: Fee after May 1, will be \$588.75

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 PHOENIX ASSET FUND I, L.C. 7501 PEMBROKE ROAD PEMBROKE PINES FL		DOCUMENT #L96000001245	
1a. Principal Place of Business Address 7501 PEMBROKE ROAD PEMBROKE PINES FL		1a. Principal Place of Business Address 7501 PEMBROKE ROAD PEMBROKE PINES FL	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 1/27/1996	3a. State of Formation FL
		4. FEI Number 65-0726710	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required
7. Name and Address of Current Registered Agent CAPLAN, LAWRENCE A ESQ. 2424 N. FEDERAL HIGHWAY SUITE 257 BOCA RATON FL		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400002158604--1 Suite, Apt. #, etc. 04/23/97--01083--010 ***203.75 ***203.75 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title MGR MEM	Managing Members/Managers HONEY, MICHAEL T	Business Street Address 6604 VIA REGINA	City, State and Zip Code BOCA RATON FL
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: 		1/31/97 (954) 987-1070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	