


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY -3 AM 11:32	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000001317</b>  SOUTHERN FINANCIAL MANAGEMENT, L.C. 1001 BRICKELL BAY DRIVE SUITE 2206 MIAMI FL 33131		1a. Principal Place of Business Address  1001 BRICKELL BAY DRIVE SUITE 2206 MIAMI FL 33131			
2. Principal Place of Business MIAMI Suite, Apt. #, etc. 206 F City & State MIAMI FLORIDA Zip 33131 Country USA		2a. Mailing Address 600 Brickell Ave Suite 206 F Suite, Apt. #, etc. 206 F City & State MIAMI FLA Zip 33131 Country USA		3. Date Organized or Qualified 12/18/1996 3a. State of Formation FL 4. FEI Number 65-0113626 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 09/02/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  VALENTIN, CARLOS M ESQ. 1001 BRICKELL BAY DRIVE SUITE 2206 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) 500002871845--S Suite, Apt. #, etc. -05/11/99--01081--012 City _____ Zip Code ****188.75 ****188.75 <div style="text-align: right;"><b>FL</b></div>		
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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Being Signed Agent Accepting Appointment) (NOTE: If signed Agent is not a resident of the State of Florida, the Agent must be a resident of the State of Florida.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SEGRERA, ANA MARIA	1001 BRICKELL BAY DRIVE, S		MIAMI FL	
MGRM	BELTRAN, AUGUSTO JR.	1001 BRICKELL BAY DRIVE, S		MIAMI FL	
MGRM	BELTRAN, AUGUSTO SR.	1001 BRICKELL BAY DRIVE, S		MIAMI FL	
MGRM	LECOMPTE, GUSTAVO	1001 BRICKELL BAY DRIVE, S		MIAMI FL	
MGRM	BELTRAN, ANA MARIA	1001 BRICKELL BAY DRIVE, S		MIAMI FL	
MGRM	MONROY, ARMANDO	1001 BRICKELL BAY DRIVE, S		MIAMI 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: _____		01-20-99 3053745908			