



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company LIFESTYLE FUNDING GROUP, L.C. 21 N ORANGE AVE GREEN COVE SPIRNGS FL 32043		DOCUMENT # L97000000004	
2. Principal Place of Business 3264 MANHATTAN AVE. Suite, Apt. #, etc. City & State GREEN COVE SPRINGS Zip 32043 Country CLAY		2a. Mailing Address 3264 MANHATTAN AVE. Suite, Apt. #, etc. City & State GREEN COVE SPRINGS Zip 32043 Country CLAY	
3. Date Organized or Qualified 12/27/1996		3a. State of Formation FL	
4. FEI Number 59-3467258 APPLIED FOR		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 01/28/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent RIVERS, JOHN G 21 N ORANGE AVE GREEN COVE SPIRNGS FL 32043		8. Name and Address of New Registered Agent/Office Name HUTCHINGS WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 3264 MANHATTAN AVE. Suite, Apt. #, etc. B. City GREEN COVE SPRINGS FL Zip Code 32043	
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 1/1/98 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DEXTER AND HELEN CHU,	21 N ORANGE AVE	GREEN COVE SPRINGS F
MGRM	HUTCHINGS, M. BRETT	21 N ORANGE AVE	GREEN COVE SPRINGS F
MGRM	HUTCHINGS, WILLIAM H I	21 N ORANGE AVE	GREEN COVE SPIRNGS F
MGRM	RIVERS, JOHN G	21 N ORANGE AVE	GREEN COVE SPIRNGS F
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #