File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. TILEO SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR -5 AHID: 28 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L9700000834 1a. Principal Place of Business Address LLOYDS ESCROW COMPANY, L.C. 5030 CHAMPION BLVD., STE. G-6292 5030 CHAMPION BLVD., STE. G-BOCA RATON FL 33496 BOCA RATON FL 33496 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/31/1997 FLSuite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0770964 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 05/04/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent KEMPPAINEN, HANNU T 5030 CHAMPION BLVD., STE. G-6292 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33496 Suite. Apt #, etc. 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. DATE SIGNATURE ____ (Registered Agent Accepting Appearance) in (NOTE Help to be LAgen, signified to be believed to be Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 5030 CHAMPION BLVD., STE. NGRY KEMPPAINEN, HANNU T BOCA RATON FL MGRI LLOYDS FINANCE FUND, L 5030 CHAMPION BLVD., STE. BOCA RATON FL 50002842915----04/16/99--01099--022 ****188.75 ****188.7**\$** 11 Ldo hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. Hurther 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, Flonda Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE: FUND, LLC.

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