
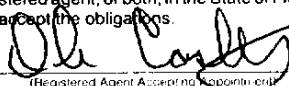
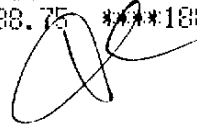
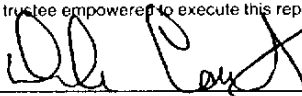


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 VICTORY HOMEFINDERS, LLC 705 BELLE CHASE CIRCLE TAMPA FL 33634-6278		DOCUMENT # L98000001681	
2. Principal Place of Business 22333 Willow Lakes Drive Suite, Apt. #, etc. City & State Lutz, FL Zip 33549 Country USA		2a. Mailing Address P.O. Box 826 Suite, Apt. #, etc. City & State Lutz, FL Zip 33548-0826 Country USA	
3. Date Organized or Qualified 08/31/1998		3a. State of Formation FL	
4. FEI Number 59-3529460		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CASTALDI, DALE 705 BELLE CHASE CIRCLE TAMPA FL 33634		8. Name and Address of New Registered Agent/Office Name Dale Castaldi Street Address (P.O. Box Number is Not Acceptable) 22333 Willow Lakes Drive Suite, Apt. #, etc. City Lutz Zip Code FL 33549	
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 4/26/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing.)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CASTALDI, DALE	P.O. Box 826 705 BELLE CHASE CIRCLE	Lutz, FL 33548-0826 TAMPA FL
MGRM	CASTALDI, JAN	705 BELLE CHASE CIRCLE P.O. Box 826	TAMPA FL Lutz, FL 33548-0826
600002868716-2 -05/07/99-01161-020 ****188.75 ****188.75 			
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:  DATE 4/26/99 813-949-7240 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER) Day: Order: Phone: #			