

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		FILED 99 FEB 19 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ADVANCED LOANS, L.C. C/O KATHY H. MCDANIEL P.O. BOX 5609 WINTER HAVEN FL 33880		DOCUMENT # L98000002193		1a. Principal Place of Business Address 400 EAGLE LAKE LOOP ROAD WINTER HAVEN FL 33880	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 10/09/1998 4. FEI Number 59-3536440 5. Date of Last Report	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent GOODWIN, JAMES W 400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) (MORL Registered Agent Signature is not later than 1/1/99)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BERRY, JACK M JR.	1945 8TH TERRACE, SE		WINTER HAVEN FL	
MGRM	MCDANIEL, KATHY H	344 LAKE DAISY CIRCLE		WINTER HAVEN FL	
				8000002788678--S -02/26/99--01074--007 *****188.75 *****188.75 76-24-91 8000002788678--S -02/26/99--01074--008 *****18.75 *****18.75	
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: 		Kathy H. McDaniel		(941) 324-4988, ext. 235	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)		2/17/99		Date Filed	