

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90017 049 \*\*\*\*50.00

DOCUMENT # L99000000169

1. Entity Name  
 CARF REALTY 1998, L.L.C.



Principal Place of Business 3950 RCA BLVD, SUITE 5001 PALM BEACH GARDENS, FL 33410 3960 RCA BLVD, Suite 6002 Palm Beach Gardens, FL 33410	Mailing Address 3950 RCA BLVD, SUITE 5001 PALM BEACH GARDENS, FL 33410 3960 RCA BLVD, Suite 6002 Palm Beach Gardens, FL 33410
---	---

24056052



01202004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0886301	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CAPITAL ASSET RESEARCH FUNDING 1998-A LP
STREET ADDRESS	3950 RCA BLVD, SUITE 5001 3960 RCA BLVD, Suite 6002
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410 Palm Beach Gardens, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I 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 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.

SIGNATURE: Bruce R. Wentworth Date: 4/27/04 (866)279-6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Bruce R. Wentworth