FILE NOW: Fee after May 1, will be \$588.75 APPROVED AND FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 1997 MAR 31 AM II: 18 TRECEIVED ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee TALLA HASSEE, FLORIDA JAN 2 7 1997

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Address FILING FEE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #M9500000088 PROFESSIONAL LEASE MANAGEMENT INCOME FUND 1a. Principal Place of Business Address I, L.L.C., LIMITED COMPANY ONE MARKET, STEUART TOWER, SUITE #900 ONE MARKET, STEUART TOWER, SAN FRANCISCO CA 94105 SAN FRANCISCO CA 94105 If above malling address is incorrect in any way, fine through incorrect Information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation)3/01/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 800 Applied For City & State City & State 94-3209289 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zio Country \$8.75 Additional Fee Required 04/08/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number Is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. City 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) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR KIRCHUBEI, DENISE ONE MARKET, STEUART TOWER, \$AN FRANCISCO CA LORRAINE SCHWERIN 300002130643--3 -04/01/97--01107--003 ****203.75 ****203.75 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 Ilmited 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

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

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attachment with an address.

SIGNATURE: $ot \wedge \mathcal{M}$