FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 97 FEB 28 MIII: 19 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**M95000000133 1a. Principal Place of Business Address PF FREIGHT PARTNERS, L.L.C., L.C. 645 PARK OF COMMERCE WAY 645 PARK OF COMMERCE WAY BOCA RATON FL 33487 BOCA RATON FL 33487 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation D6/06/1995 DΕ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0585597 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country st 75 Additional Fee Required D3/22/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent Name HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33487 Sulte, 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. SIGNATURE _ DATE (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM RGF HOLDING CORP., 645 PARK OF COMMERCE WAY BOCA RATON FL

TAIRFAX VA

FILED

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 cath; 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:

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

POTOMAC FINANCIAL GROU \$439 ASHLEIGH ROAD