


LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** M95000000216

MCKENZIE CHECK ADVANCE OF FLORIDA, L.C.  
P.O. BOX 1479  
CLEVELAND TN 37364-1479

<p><b>7. Name and Address of Current Registered Agent</b></p>	<p><b>8.</b></p>
<p>NRAI SERVICES, INC.</p>	<p>Name</p>
<p>526 E. PARK AVENUE</p>	<p>Street Address (P</p>
<p>TALLAHASSEE FL 32301</p>	<p>Suite, Apt. #, etc.</p>
	<p>City</p>

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

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:** Steve A. McE

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