
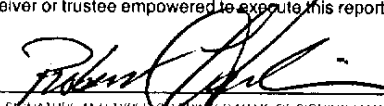


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		DOCUMENT # M95000000231			
FAIRCHILD FINANCIAL, L.L.C., L.C. 5550 GLADES ROAD, SUITE 305 BOCA RATON FL 33431		1a. Principal Place of Business Address 5550 GLADES ROAD, SUITE 305 BOCA RATON FL 33431			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
(Suite) Apt. #, etc. 308		(Suite) Apt. #, etc. 308		08/04/1995	
City & State		City & State		3a. State of Formation DE	
Zip		Country		4. FEI Number 65-0623991 65-0179911	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 12/05/1997	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 30 NORTH MIAMI BEACH FL 33162				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code FL	
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	
M	HANDIN, ROBERT	5523 N. MILITARY TRAIL, #1		BOCA RATON FL	
				900002510759--1 -05/05/98--01050--021 ****188.75 ****188.75	

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:  Robert Handin 4/22/98 (561) 362-1209
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #