
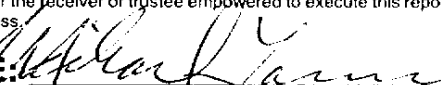


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998-1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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	
Name and Mailing Address of Limited Liability Company WCH SERVICES L.L.C., L.C. 1004 FARNAM STREET, SUITE 400 OMAHA NE 68102		DOCUMENT # M95000000242	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 1004 FARNAM STREET, SUITE 40 OMAHA NE 68102	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/15/1995 3a. State of Formation DE 4. FEI Number 47-0796287 5. Date of Last Report 05/01/1998	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	AMERICA FIRST PROPERTI	1004 FARNAM STREET, SUITE	OMAHA NE
MEM	YANNEY, MICHAEL B	1004 FARNAM STREET, SUITE	OMAHA NE
		MAR 9 1999	dcc
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: 		3/2/99 (402) 444 1630	
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING MANAGING MEMBER FORM		Date Daytime Phone	