
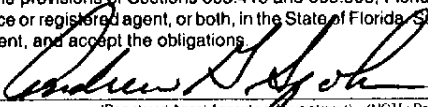
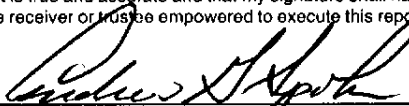


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 APR 29 AM 9:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000299</b>  <b>SINGER ASSET FINANCE COMPANY, L.L.C.</b> <b>1800 OLD OKEECHOBEE ROAD, SUITE 200</b> <b>WEST PALM BEACH FL 33409</b>		1a. Principal Place of Business Address  <b>1800 OLD OKEECHOBEE ROAD, SU</b> <b>WEST PALM BEACH FL 33409</b>			
2. Principal Place of Business <b>700 Banyan Trail</b> Suite, Apt. #, etc. <b>suite 200</b>  City & State <b>Boca Raton, Florida</b> Zip <b>33431</b>		2a. Mailing Address <b>- Same -</b> Suite, Apt. #, etc.  City & State  Zip  Country <b>USA</b>		3. Date Organized or Qualified <b>10/13/1995</b>	
				3a. State of Formation <b>DE</b>	
				4. FEI Number <b>22-3399978</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report <b>02/13/1997</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>KRONER, BURT</b> <b>1800 OLD OKEECHOBEE ROAD, SUITE 200</b> <b>WEST PALM BEACH FL 33409</b>			8. Name and Address of New Registered Agent/Office Name <b>Andy Spohn</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 Banyan Trail</b> Suite, Apt. #, etc. <b>suite 200</b> City <b>Boca Raton</b>		
			Zip Code <b>FL 33431</b>		
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 <b>4-27-98</b> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title <b>MGRM</b>		Managing Members/Managers <del>KRONER, BURT</del> <b>Andrew Spohn</b>		Business Street Address <del>1800 OLD OKEECHOBEE ROAD,</del> <b>700 Banyan Trail</b> <b>Boca Raton, Fl.</b> <b>33431</b>	
				City, State and Zip Code <del>WEST PALM BEACH FL</del>	
500002512045-7 -05/05/98--01135--017 ****188.75 ****188.75 <b>AL APR 30 1998</b>					
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. <b>SIGNATURE:</b>  <b>Andrew G Spohn</b> <b>4-27-98</b> <b>561-994-3044</b> <small>SIGNATURE AND TYPE (I) OR PRINT NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					