

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

APPROVED
AND
FILED

97 APR -3 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000398**

PEOPLEFIRST FINANCE, LLC
402 WEST BROADWAY, SUITE 1200
SAN DIEGO CA 92101

1a. Principal Place of Business Address

402 WEST BROADWAY, SUITE 1200
SAN DIEGO CA 92101

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 10/11/1996	3a. State of Formation CA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 330681830	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report N/A	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

3000002134283-4
-04/04/97-01110-014
***203.75
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
MGRM	MILLER, GARY J	402 W. BROADWAY, SUITE 120	SAN DIEGO CA
MGRM	KELLER, DAVID G	402 W. BROADWAY, SUITE 120	SAN DIEGO CA

G. Alan
4/3/97

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: *Gary J Miller* Gary J Miller 1/24/97 (619)232-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #