


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 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 <b>DOCUMENT # M97000000005</b> BOAT DEALERS' ACCEPTANCE COMPANY, L.L.C. <del>111 MONUMENT CIRCLE</del> <i>2 Gate Hall Dr</i> <del>SUITE 2700</del> <del>INDIANAPOLIS IN 46204</del> <i>Parsippany NJ 07054</i>		1a. Principal Place of Business Address <del>111 MONUMENT CIRCLE</del> <del>SUITE 2700</del> <del>INDIANAPOLIS IN 46204</del> <i>2 Gate Hall Dr</i> <i>Parsippany NJ 07054</i>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address <i>2 Gate Hall Drive</i> Suite, Apt. #, etc. City & State <i>Parsippany, NJ.</i> Zip <i>07054</i>	3. Date Organized or Qualified 01/08/1997	3a. State of Formation DE
		4. FEI Number 35-2003992	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/20/1998	6. Certificate of Status Desired \$8.75 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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	NEWCOURT FINANCIAL U.S.A. Inc.	<i>2 Gate Hall Dr</i> <del>111 MONUMENT CIRCLE, SUITE</del>	<i>Parsippany NJ 07054</i> <del>INDIANAPOLIS IN</del>
MGRM	BDAC INVESTMENTS, INC.	<i>2 Gate Hall Dr</i> <del>111 MONUMENT CIRCLE, SUITE</del>	<i>Parsippany NJ 07054</i> <del>INDIANAPOLIS IN</del>
200002865912-4 -05/06/99--01103--015 ****188.75 ****188.75 <i>5-4-99</i>			
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 <i>[Signature]</i>		Director of State Taxes April 21, 1999 355-7415 (973)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	

FILED  
99 APR 28 PM 4: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA