| ile on   | or before May 1, 1998 or<br>to a \$ 400.00 LATE FEE. | Ĺlmited                            | d Liability Con              | npany will b           | e  |  |   | in                    |  |
|--|--|------------------------------------|------------------------------|------------------------|--|--|---|-----------------------|--|
| LIMITED LIABILITY COMPANY  FLORIDA DEPARTMENT OF ST  Sandra B. Mortham   |  |                                    |                              |                        | FILED 1/24   |  |   |                       |  |
| Secretary of State 1998  DIVISION OF CORPORATIONS  |  |                                    |                              |                        | 98 APR 27 AM 8: 53   |  |   |                       |  |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company OCUMENT # M9700000111  |  |                                    |                              |                        | <b>B</b>   | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA      |   |                       |  |
| FINANCIAL SERVICE DYNAMICS & APPLICATIONS,   |  |                                    |                              |                        | 1a. Principal Pia  | 1a. Reincipal Place of Business Address        |   |                       |  |
| L.L.C. P.O. BOX 2183 WINTER PARK FL 32790  |  |                                    |                              |                        | 1177 PA<br>WINTER  | 1177 PARK AVENUE NORTH<br>WINTER PARK FL 32789 |   |                       |  |
| 2. Principal Place of Business 2a. Mailir  |  |                                    | ing Address                  | <u>-</u>               | 3. Date Organized or Qualified 3a. State of Formation                                      |  |   |                       |  |
| Suite, Apt.  | Summit Ridge Pl.                                     | Suite, Apt. #, etc.                |                              |                        | 1  | 03/03/1997 DE                                  |   |                       |  |
| 300  |  |                                    |                              |                        | 4. FEI Number Applied For  |  |   |                       |  |
| City & Stat  | swood, FL  | City & St                          | tate                         |                        | 59-3426  |  | - المحاد  | ot Applicable         |  |
| <del>Zip (</del><br>327  | ip Country   |                                    | Cour                         |                        | 5. Date of Last Report   |  | 6. Certificate of Status Desired  58 75 Additional Fee Required |                       |  |
| 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office   |  |                                    |                              |                        |  |  |   |                       |  |
| BADGLEY, W. DUFF 1177 PARK AVENUE NORTH WINTER PARK FL 32789   |  |                                    |                              |                        | Badgles W. Duff  Ireet Address (P.O. Box Number is Not Acceptable)  420 Summit Pider Place |  |   |                       |  |
|  |  |                                    |                              | Suite, Apt. #, etc.    |  |  |   |                       |  |
| City   |  |                                    |                              |                        | 2ip Code <b>FL</b> 32771   |  |   |                       |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named/imited 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  DATE   |  |                                    |                              |                        |  |  |   |                       |  |
| SIGNATURE (Figure 1 glan) According Apr  |  | -                                  | NOTE hogistered Agent signal | ing)                   | City, State and Zip Code   |  |   |                       |  |
| 10. Title  | мападілд метоегумападет                              | Managing Members/Managers   Busing |                              | ess Street Address     |  | Only, Oldio and Elp Oodo                       |   |                       |  |
| MGRM   | BADGLEY, W. DUFF 1177 PAR                            |                                    | 1177 PARK                    | AVENUE NORTH           |  | WINTER PARK FL                                 |   |                       |  |
| MBR  | BADGLEY, LISA L                                      |                                    | 1177 PARK                    | 1177 PARK AVENUE NORTH |  | WINTER PARK FL                                 |   |                       |  |
|  |  | •                                  |                              |                        | 30   | 10:002<br>-05/05<br>****1                      | 51209:<br>5/9801135<br>88.75 ***                                | ∃——<br>022<br>*188.75 |  |
| 11. Ido 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. |  |                                    |                              |                        |  |  |   |                       |  |