



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		MAY - 5 PM 12:48 FLORIDA		<i>LA 5/13</i>	
<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 # M97000000462</b>  <b>RESIDENTIAL ALLIANCE LLC</b> <b>P.O. BOX 963</b> <b>HORSHAM PA 19044-0963</b>		1a. Principal Place of Business Address <b>100 WITMER ROAD</b> <b>HORSHAM PA 19044</b>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>07/30/1997</b>		3a. State of Formation <b>DE</b>	
				4. FEI Number <b>23-2913776</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report <b>04/06/1998</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>000002881740-1</b> Suite, Apt #, etc. <b>-05/20/93 -01085-004</b> <b>****188.75 ****188.75</b> 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 _____			
<small>(Registered Agent Accepting Appointment) (IN FL) (Registered Agent Signature) (Not for use in FL)</small>							
10. Title	Managing Members/Managers	Business Street Address			City, State and Zip Code		
MGRM	APPLEGATE, DAVID M	100 WITMER ROAD			HORSHAM PA 19044		
MGRM	HEWITT, JOHN	ONE LOWER RAGSDALE DR., BI			MONTEREY CA 93940		
MGRM	FELLER, ROBERT	100 WITMER ROAD			HORSHAM PA 19044		
MGRM	LYLES, RON	<del>100 WITMER ROAD</del> 477 Martinsville Road			<del>HORSHAM-PA</del> Liberty Corner, NJ 07938		
MGRM	MAINARDI, MARIANNE	100 WITMER ROAD			HORSHAM PA 19044		
MGRM	SNYDER, GLEN W	100 WITMER ROAD			HORSHAM PA 19044		
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: 		Glen W. Snyder		4/19/99		(215) 682-1462	