


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 27 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		DOCUMENT # M97000000697			
AMAXIMIS COMPANY, L.L.C. 6115 CAMP BOWIE BLVD., SUITE 270 FORT WORTH TX 76116-5500		1a. Principal Place of Business Address 6115 CAMP BOWIE BLVD., SUITE 270 FORT WORTH TX 76116			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. #270		Suite, Apt. #, etc.		06 10/20/1997	
City & State		City & State		4. FEI Number 75-2728176	
Zip		Country		5. Date of Last Report N/A	
Zip		Country		3a. State of Formation TX	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002511050-- 3 -05/05/98--01085--002 City ****188.75 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	
MGR	POYTHRESS, JAMES H	6115 CAMP BOWIE BLVD., SUI		FORT WORTH TX 76116-5500	
MGR	KROLL, WAYNE R	6115 CAMP BOWIE BLVD., SUITE 270		FORT WORTH TX 76116-5500	
MGR	REID, CHARLES F III	6115 CAMP BOWIE BLVD., SUITE 270		FORT WORTH TX 76116-5500	

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 and am 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.

AMAXIMIS LENDING, LIMITED PARTNERSHIP
By: AMAXIMIS COMPANY, L.L.C., General Partner

SIGNATURE: _____ Charles F. Reid, III - Manager (817)252-3000 4/21/98

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MEMBER OR MANAGER OR MANAGER

Date

Daytime Phone #