
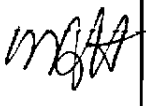


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> 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		DOCUMENT # M97000000710	
SOURCE FINANCIAL CO., L.L.C. 21 E. HIGH STREET SOMERVILLE NJ 08876		1a. Principal Place of Business Address  21 E. HIGH STREET SOMERVILLE NJ 08876	
2. Principal Place of Business		3. Date Organized or Qualified	
Suite, Apt. #, etc.		10/29/1997	
City & State		NJ	
Zip		4. FEI Number	
Country		22-3507399	
		5. Date of Last Report	
		6. Certificate of Status Desired	
		88.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
SHAPIRO, DANA 1881 N.E. 26TH ST., SUITE 212C FORT LAUDERDALE FL 33305		Name Shapiro, Dana Street Address (P.O. Box Number is Not Acceptable) 1881 NE 26th St., Suite 212C Suite, Apt. #, etc. City Ft. Lauderdale FL Zip Code 33305	
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 <u>Dana Shapiro</u>		DATE <u>4/29/98</u>	
(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	SHAPIRO, DANA	1881 N.E. 26TH ST., SUITE	FT. LAUDERDALE FL
			
			900002513989--1 -05/06/98--01108--001 ****188.75 ****188.75

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: Dana Shapiro 4/29/98 (954) 568-4960  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #