Fise 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

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
 of Limited Liability Company

DOCUMENT #

M97000000828

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

FALCON LENDING, L.C. 2015 WEST MAIN STREET STAMFORD CT 06902						2015 WEST MAIN STREET STAMFORD CT 06902			
2. Principal Place of Business 2a. Ma			ailing Address			3. Date Organize	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.				12/10/1997 4. FEI Number		DE	Applied For
City & State		City & State				06-1484806		Le Continu	Not Applicable
Country		Zip Count		Countr	У	5. Date of Less r		S8.75 Additional F	
7. Name and Address of Current Registered			Agent 8. Name and Addre			s of New Registered Agent/Office			
LEXIS DOCUMENT SERVI, CES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 Suite, A City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-name its registered office or registered agent, or both, in the State of Florida. Such change was authorized as registered agent, and accept the obligations. SiGNATURE (Registored Agent Accepting Appointment) (NOTE Registered Agent signature required with the state of Florida. Such change was authorized as registered agent, and accept the obligations. SiGNATURE (Registored Agent Accepting Appointment) (NOTE Registered Agent signature required with the state of Florida. Such change was authorized as registered agent, and accept the obligations. SiGNATURE (Registored Agent Accepting Appointment) (NOTE Registered Agent signature required with the state of Florida. Such change was authorized as registered agent, and accept the obligations. SiGNATURE (Registored Agent Accepting Appointment) (NOTE Registered Agent signature required with the state of Florida. Such change was authorized as registered agent, and accept the obligations. SiGNATURE (Registored Agent Accepting Appointment) (NOTE Registered Agent signature required with the state of Florida. Such change was authorized as registered agent, and accept the obligations.						ne set Address (P.O. Box Number Is Not Acceptable) Ie, Apt. #, etc.			
HUNT, JAMES K LAPHAM, JOHN G III BRIGER, PETER L JR. CHRISTIE, ROBERT J 85 BROZ			MER MER AD AD	ICA CENTE ICA CENTE STREET	LOS AI LOS AI NEW YO	NGELES NGELES ORK NY	CA CA		
	2015 WE STAMFOR al Place of Bus #, etc. te 7. Name S DOCUM WW KEI AHASSEE Ma SCHWAI HUNT, LAPHAI BRIGEI CHRIST	2015 WEST MAIN STR STAMFORD CT 06902 al Place of Business #, etc. Country 7. Name and Address of Current S DOCUMENT SERVI, WW KELLEY ROAD AHASSEE FL 32311 ant to the provisions of Sections 608.416 and office or registered agent, or both, in the red agent, and accept the obligations. RE (Registered Agent Accepting Managing Members/Manager SCHWARTZ, VERNON HUNT, JAMES K LAPHAM, JOHN G II BRIGER, PETER L J CHRISTIE, ROBERT	2015 WEST MAIN STREET STAMFORD CT 06902 al Place of Business #, etc. Country Zip 7. Name and Address of Current Registered A S DOCUMENT SERVI, CES IN WW KELLEY ROAD AHASSEE FL 32311 ant to the provisions of Sections 608.416 and 608 508, red office or registered agent, or both, in the State of Floring agent, and accept the obligations. IRE (Registered Agent Accepting Appointment) (NC) Managing Members/Managers SCHWARTZ, VERNON B HUNT, JAMES K LAPHAM, JOHN G III BRIGER, PETER L JR. CHRISTIE, ROBERT J	2015 WEST MAIN STREET STAMFORD CT 06902 al Place of Business #, etc. Suite, Apt. #, etc. City & State Country 7. Name and Address of Current Registered Agent S DOCUMENT SERVI, CES INC. WW KELLEY ROAD AHASSEE FL 32311 ant to the provisions of Sections 608.416 and 608.508, Florida Statute red office or registered agent, or both, in the State of Florida. Such changered agent, and accept the obligations. RE (Registrated Agent Accepting Appointment) INDTE Registered Agent Managing Members/Managers SCHWARTZ, VERNON B HUNT, JAMES K LAPHAM, JOHN G III BRIGER, PETER L JR. 85 BRC CHRISTIE, ROBERT J 85 BRC	2015 WEST MAIN STREET STAMFORD CT 06902 al Place of Business	al Place of Business 2a. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country 7. Name and Address of Current Registered Agent 8. Name S DOCUMENT SERVI, CES INC. WW KELLEY ROAD AHASSEE FL 32311 Suite, Apt. #, etc. City ant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited red office or registered agent, or both, in the State of Florida. Such change was authorized by affirmatived agent, and accept the obligations. IRE Registered Agent Accepting Appointment INOTE Registered Agent signature required when reinstining Managing Members/Managers Business Street Address SCHWARTZ, VERNON B 2015 WEST MAIN STR HUNT, JAMES K 1 SUNAMERICA CENTE BRIGER, PETER L JR. 85 BROAD STREET CHRISTIE, ROBERT J 85 BROAD STREET	2015 WEST MAIN STREET STAMFOR CT 06902 2a. Mailing Address 3. Date Organize 4. etc. 5. Suite, Apt. #, etc. Country 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address S DOCUMENT SERVI, CES INC. WW KELLEY ROAD AHASSEE FL 32311 Suite, Apt. #, etc. City Street Address (P.O. Box Number) City Suite, Apt. #, etc. Suite Address (P.O. Box Number) Sui	2015 WEST MAIN STREET STAMFORD CT 06902 al Place of Business 2a. Mailing Address 3. Date Organized or Qualified 7. Name and Address of Current Registered Agent 5. Date of Lest Report Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered 8. Name and Addre	2015 WEST MAIN STREET STAMFORD CT 06902 al Place of Business 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 3a. Date Organized or Qualified 3a. State 12/10/1997 4. FEI Number 12/10/1997 4. FEI Number 13. Date of Last Report 13. Date of Last Report 14. FEI Number 15. Date of Last Report 16. Certified 17. Name and Address of New Registered Agent 18. Name and Addr

indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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 to execute the same legal effect as it 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 to execute the execute

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTEE NAME OF SIGNING MANAGING MEMBER OF MANAGER

Daytimo Ptkine #