


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>99 FEB 19 PM 3: 27</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # M98000000584</b>  <b>THE MEDALLION ADVISORY SERVICES, LLC</b> <b>811 RITCHIE HIGHWAY, SUITE 25</b> <b>SEVERNA PARK MD 21146</b>		<b>1a. Principal Place of Business Address</b>  <b>811 RITCHIE HIGHWAY, SUITE 2</b> <b>SEVERNA PARK MD 21146</b>			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> <b>06/08/1998</b>  <b>3a. State of Formation</b> <b>MD</b>  <b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Name and Address of Current Registered Agent</b>  <b>PENROSE, KENNETH R</b> <b>271 53RD CIRCLE</b> <b>VERO BEACH FL 32968</b>		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div>			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)</small>		<b>DATE</b> _____			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
<del>MGR</del>	<del>LLOYD, JOSEPH E</del>	<del>811 RITCHIE HIGHWAY, SUITE</del>		<del>SEVERNA PARK MD</del>	
<del>MGRM</del>	<del>COCHRAN, STEPHANIE A</del>	<del>811 RITCHIE HIGHWAY, SUITE</del>		<del>SEVERNA PARK MD</del>	
<del>MGRM</del>	<del>HUYA, DAVID</del>	<del>4 DOWLING CIRCLE A-2</del>		<del>BALTIMORE MD</del>	
<del>MGRM</del>	<del>Wilson, Ronald</del>	<del>815 Ritchie Hwy, Ste. 1015</del>		<del>Severna Park, md.</del>	
<del>MGRM</del>	<del>Thusius, Roger</del>	<del>811 Ritchie Hwy, Ste. 15</del>		<del>Severna Park, md</del>	
<b>4000002789164--3</b> <b>02/26/99--01096--015</b> <b>****188.75 ****188.75</b>		<b>SL</b> <b>2-24-99</b>			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<b>S.A. Cochran</b> <small>Date</small>		<b>02/18/99</b> <small>Daytime Phone #</small>	