FILED  99 OCT 12 PM [2: 19  SECRETAR OF STATE SCHOOL AS STATE	2 <sup>nd</sup> (	and JOTICE	File on or I	pefore Sept. 29, 199	9 or Limite	d Llab	lilty Company					
Manace Check Payable To: P. CORPORATION SYSTEM   Suite Apt 2 etc.	ANNUAL REPORT  Katherine Harris Secretary of State											
PICO CAPITAL MANAGEMENT L. L. C. 725 ARTZONA AVENUE, SUITE 400 SANTA MONICA CA 90401  2 Principal Place of Business Address 725 ARTZONA AVENUE, SUITE 400 SANTA MONICA CA 90401  2 Principal Place of Business 725 ARTZONA AVENUE, SUITE 400 SANTA MONICA CA 90401  3. Date Organized or Qualified 3s. State of Formation 06/22/1998 DE Applied For State 95-45,55892 No Application												
PICO CAPITAL MANAGEMENT L. L. C. 725 ARIZONA AVENUE, SUITE 400 SANTA MONICA CA 90401  2 Principal Place of Business   2a, Maling Address   3. Date Organized or Qualified   3a, State of Formation   06/22/1998   DE	I I Marrie and Mainrid Modress The The Third The Third The Transfer of the Tra										RIDA	
725 ARIZONA AVENUE, SUITE 400 SANTA MONICA CA 90401  2 Principal Place of Business  2 Suite Apt # etc.  City & State  Country  7 Country  8 Name and Address of New Registered Agent  Name  C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  Suite, Apt # etc.  City  FL  City  City  FL  City  Cit	•				1130000000000			1a. Principal Place of Business Address				
Suite Apl #, etc.    Suite Apl #, etc.   Suite Apl #, etc.   Suite Apl #, etc.   A FEI Number   Applied For   Applied For   Suite Applied For   Su		725 2	RIZONA	AVENUE, SUI								
A FEI Number    Applied For	2 Principa	Business	2a. Mailin	g Address			Date Organized or Qualified   3a. State of Formation					
A FE Formor   Policy   Polic	Suite Ant # etc Suite.				ot. #, etc.					DE		
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  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 PL 33324  Suife, Apt. 4, etc.  City  FL  2p Code  9. Pursuant to the previsions 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 agent, and accept the obligations.  SIGNATURE  10. Title  Managing Members/Managers  Business Street Address  City, State and 2p Code  MGRM COAST ASSET MANAGEME,  7.25 ARIZONA AVENUE, SUITE  SANTA MONICA CA  11. Instructive certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0) Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0) Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0) Florida Statutes. Further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0) Florida Statutes. Further certify that the information stated on this annual region is true and accorate and that my agnature shall have the same legal effect set made under certify that the information of managing member or managing member or managing member or managing member or managing on the content of the supplied by Chapter 1008, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.								4. FEI Number			Applied For	
7. Name and Address of Current Registered Agent  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  Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Bo	City & State			City & Sta	City & State							
Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt #, etc.  City  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 agent, and accept the obligations.  SIGNATURE  Managing Members/Managers  Business Street Address  City  City  FL  Zip Code  FL  Zi	Zip •		Country	Zip		Count	ry	O. Duto of Luck	TO POIN	l		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Sired Address (P.O. Box Number is Not Acceptable)  Sulic, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  FL  Zip Code  FL  The purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations.  SIGNATURE  Managing Members/Managers  Business Street Address  City, State and Zip Code  MGRM COAST ASSET MANAGEME,  725 ARIZONA AVENUE, SUITE  SANTA MONICA CA  11 Idenceby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 cath, that I am a managing member or manager of the indirect liability company or the receiver of trustee emprowered to execute this report as required by Chapter 508, Florida Statutes, and that my name appears in Block 10, or on an attechnicat with an address.  Christopher D. Petitic  Since Indirect additional company or the receiver of trustee emprowered to execute this report as required by Chapter 508, Florida Statutes, and that my name appears in Block 10, or on an attechnicat with an address.									ame and Address of New Registered Agent/Office			
tis 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. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE    The process of the process o	1200 PLAN	TH PINE ON FL 33	ISLAND ROAD 324	Suite, Apt. #, etc.				FL Zip Code				
10. Title Managing Members/Managers Business Street Address City, State and Zip Code  MGRM COAST ASSET MANAGEME, 725 ARIZONA AVENUE, SUITE SANTA MONICA CA  11 Loo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If 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 certify, that I am a managing member or manager of the innited 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 attachmient with an address.  Christopher D. Petitit	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											
MGRM COAST ASSET MANAGEME, 725 ARIZONA AVENUE, SUITE SANTA MONICA CA  11 Idoncreby 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 flability 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.  Christopher D. Petiti Christopher D. Petiti Christopher D. Operating Officer	SIGNATU	RE	[Registered	Agent Accepting Applenhnent) (N	OIL Registered Ag	ent signatur	e required when reinstatin		DATE			
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information inducated 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.  Christopher D. Petitt  Christopher D. Operating Officer	10. Title	itle Managing Members/Managers				Business Street Address			City, State and Zip Code			
11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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.  Christopher D. Petitt  Chief Operating Officer	MGRM	COAS	ST ASSET	MANAGEME,	725 AI	RIZO	NA AVENU	E, SUITE	SANTA	MONIC	A CA	
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 innited habity 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.  Christopher D. Petitt  Chief Operating Officer								F	-107	′20/99 <b></b> {	(11027001	
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.  Christopher D. Petitt  Chief Operating Officer										Ŋ	BBAA	
SIGNATURE: CHARLES AND THE DISAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytine Plane N												