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

| subject to a \$ 400.00 LATE FEE. | | | | | | | | | | | |
|--|-------------------|-------------------------|------------|-----------------|----------------|--------------------------|----------------|---|---------------------|------------------------|------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | ONS tal Fee | FILED 99 FEB 22 AM 8: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000789 | | | | | | | | | | | |
| MODEL FUNDING II, LLC 2500 MILITARY TRAIL NORTH, SUITE 260 BOCA RATON FL 33431 | | | | | | | | 18. Principal Place of Business Address 2500 MILITARY TRAIL NORTH, S BOCA RATON FL 33431 | | | |
| 2 Principal Place of Business 2a. Mailin | | | | ng Address | | | | 3. Date Organize | ed or Qualified | 3a. State of Formation | |
| Suite, Apt. #, etc. Suite | | | Suite An | Apt. #, etc. | | | | 07/21/1 | 998 | DE | |
| Suite, Apr. #, etc. | | | | , | | | | 4. FEI Number | | | Applied For |
| City & State City | | | City & Sta | & State | | | | 65-0850 | 077 | | Not Applicable |
| Z _i p Country | | Country | Zip Count | | | 5. Da | | . Date of Last Report | | 6. Certific | ate of Status Desired |
| | | | | | | | | S8.75 Addi | tional Fee Required | | |
| | Agent | | Name | B. Na | me and Addres | s of New Regis | stered Ager | t/Office | | | |
| MILLER, DAVID 3565 NW 61ST CIRCLE BOCA RATON FL 33496 8. Pursuant to the provisions of Sections 608.416 and 608.508, Its registered office or registered agent, or both, in the State of Floric | | | | | utes, the ab | Suite, A City | upt. #, etc. | ******* FL ited liability company submits this statem | | | 01111005 ****188.75 |
| as registe | red agent, and | accept the obligations. | | | | | | | | · | |
| SIGNATURE (Registered Agent Accepting Approximent) (NOTE: Registered Agent Signature require Twent entitle) | | | | | | | | | DATE _ | | |
| 10. Title | Mar | Business Street Address | | | | City, State and Zip Code | | | | | |
| İ | MILLER | 2500 MILITARY TRAIL | | | | NORTH, | BOCA I | RATON | FL | | |
| MGRM | M WEISS, SAMUEL G | | | | 30 MAIN STREET | | | | PORT V | WASHI | NGTON NY |
| MGRM | KUSHAY | , JOHN | ı | 2500 | MILI | FARY | TRAIL | NORTH, | BOCA I | RATON | FL |
| MGRM | KUSHAY, JOAN | | | 2500 MILITARY T | | | TRAIL | NORTH, | BOCA I | RATON | FL |
| MGRM | LEDERMAN, DON | | | 2500 MILITARY | | | TRAIL | NORTH, | BOCA I | RATON | FL |
| | | | | | | | | | , | 2.25 | . 99 |

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. 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

ACAKUS 1944 JOAN KUST MY Springtupe and type o chi printe d name of signific managing member of managin

INHSE10 R (12-98)

attachment with an address.

SIGNATURE: