
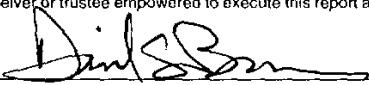


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000831 ADVANCED FINANCIAL COMPANY OF CALIFORNIA, LLC 5050 AVENIDA ENCINAS, #220 CARLSBAD CA 92008		1a. Principal Place of Business Address 5050 AVENIDA ENCINAS, #220 CARLSBAD CA 92008	
2. Principal Place of Business 5900 Pasteur Ct., Suite, Apt. #, etc. Suite 200 City & State Carlsbad, CA Zip 92008	2a. Mailing Address 5900 Pasteur Ct. Suite, Apt. #, etc. Suite 200 City & State Carlsbad, CA Zip 92008	3. Date Organized or Qualified 08/03/1998 4. FEI Number 33-0739275 5. Date of Last Report	3a. State of Formation CA <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div>	
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 _____		DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>			
10. Title MGRM MGRM	Managing Members/Managers BROWN, DAVID S STRIPE, TIMOTHY J	Business Street Address 5900 Pasteur Ct., #200 5050 AVENIDA ENCINAS, #220 5050 AVENIDA ENCINAS, #220 5900 Pasteur Ct., #200	City, State and Zip Code CARLSBAD CA CARLSBAD CA
400002799094- - 0 -03/03/99- 01045--013 ****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: 		2/25/99 800 231-6222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			