


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

FILED

99 MAR 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # M98000001343
NATIONAL REALTY FUNDING L.C. 911 MAIN STREET KANSAS CITY MO 64108 Suite 1400 64105	

1a. Principal Place of Business Address
911 MAIN STREET KANSAS CITY MO 64108 64105

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400		11/09/1998	MO
City & State		City & State		4. FEI Number 74-2820838	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 64105	Country	Zip 64105	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

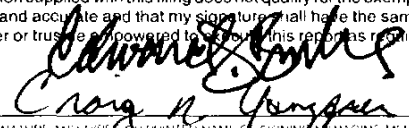
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code FL

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 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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BURKE, E J	911 MAIN STREET	KANSAS CITY MO
MGR	CAFFREY, MICHAEL J	911 MAIN STREET	KANSAS CITY MO

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 ****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 submit 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: 	2/17/99 816-221-8800