

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		FILED 99 APR 27 AM 9:30 SEALS & STAMPS TALLAHASSEE, FLORIDA	
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 # M98000001393 CASH COW SERVICES OF FLORIDA, LLC 1020 E. LAFAYETTE ST. , SUITE 106B TALLAHASSEE FL 32301		1a. Principal Place of Business Address 1020 E. LAFAYETTE ST. , SUIT TALLAHASSEE FL 32301			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/24/1998	
City & State		City & State		3a. State of Formation	
Zip		Zip		LA	
Country		Country		4. FEI Number	
				59-3541069	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
PEREZ, SANTOS 2000 OLD FORT DR. TALLAHASSEE FL 32301			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 <i>Santos Perez</i>			DATE 4/27/99 Santos Perez		
<small>(Registered Agent Accepting Appointment) (P.O. Box Number is Not Acceptable) (Registered Agent Signature is required when changing agent.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SWANK, JEFF	7906 MCCLURE		TALLAHASSEE FL	
*****188.75 *****188.75 <i>dec</i>					
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: <i>Jeff Swank</i>			DATE 4/27/99 Jeff Swank		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)</small>					