
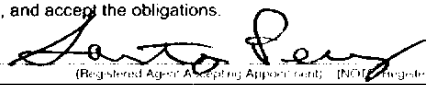
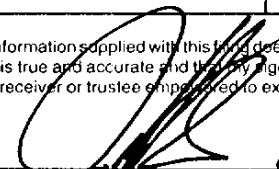


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>CASH COW F17, LLC 1020 E. LAFAYETTE ST., SUITE 106B TALLAHASSEE FL 32301</b>		<b>DOCUMENT # M98000001394</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified <b>11/24/1998</b> 3a. State of Formation <b>LA</b> 4. FEI Number <b>APPLIED FOR 59-3543837</b> 5. Date of Last Report	
7. Name and Address of Current Registered Agent <b>PEREZ, SANTOS 2000 OLD FORT DR. TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code			
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  <b>Santos Perez</b> DATE <b>4/27/99</b> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when agent is changed)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SWANK, JEFF	7906 MCCLURE		TALLAHASSEE FL	
11. I do hereby certify that the information supplied with this form 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:  <b>Jeff Swank</b> <b>4/27/99 942-0006</b>					

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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