

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SO MAR 22 AM 10:37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company IDOM MIAMI, LLC 444 BRICKELL AVENUE, SUITE 535 MIAMI FL 33131	DOCUMENT # L98000002234
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1a. Principal Place of Business Address 444 BRICKELL AVENUE, SUITE 5 MIAMI FL 33131

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address ONE GATEWAY CENTER 3RD FLOOR NEWARK N.J. 07102
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3. Date Organized or Qualified 10/13/1998	3a. State of Formation FL
4. FEI Number 22-3612544	<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 RANIERE, VINCENT J 444 BRICKELL AVENUE, SUITE 535 MIAMI FL 33131

B. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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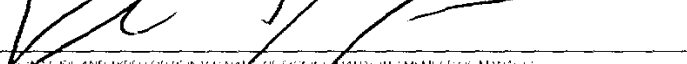
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by a affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RANIERE, VINCENT J	444 BRICKELL AVENUE, SUITE	MIAMI FL
MGRM	CODIGNOTTO, STEPHEN	ONE GATEWAY CENTER, THIRD	NEWARK NJ
MGRM	IDOM, INC.	ONE GATEWAY CENTER, THIRD	NEWARK NJ

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-03/30/99-01051-010
****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:  2/24/99 975-648-840