


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
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1997 MAR -3 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #M95000000007**

**EASTDIL REALTY COMPANY, L.L.C., L.C.**  
40 WEST 57TH STREET  
21ST FLOOR  
NEW YORK NY 10019

1a. Principal Place of Business Address

40 WEST 57TH STREET  
21ST FLOOR  
NEW YORK NY 10019

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
01/06/1995	NY
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
13-3791043	
5. Date of Last Report	6. Certificate of Status Desired
11/12/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. 200002103972--0  
-03/04/97--01099--001

City \*\*\*203.75 Zip Code \*\*\*203.75  
**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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LAMBERT, BENJAMIN V	40 WEST 57TH STREET	NEW YORK NY
MGR	MARCH, ROY H	10100 SANTA MONICA BLVD.	SANTA MONICA CA
MGR	ANTONCIC, MARK A	40 WEST 57TH STREET	NEW YORK NY
MGR	MAGGIN, WAYNE L	40 WEST 57TH STREET	NEW YORK NY
MGR	DRETZKA, KEVIN R	10100 SANTA MONICA BLVD.	SANTA MONICA CA
MGR	WEBER, JEFFREY N	10100 SANTA MONICA BLVD.	SANTA MONICA CA

*WSD*  
*3/5/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: *x Martha T. Wallau* x 2/26/97 212 815-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #