

07/08/97 13:22

NO.500 P002/003

FILING NOW: FILING FEE AFTER MAY 1 IS \$225.00
**PROFIT
CORPORATION
ANNUAL REPORT
1996**

 FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS
DOCUMENT # F94000004247

1. Corporation Name

LB ORLANDO PROPERTIES W, INC.

W97-17051

Principal Place of Business

Mailing Address

3 WORLD FINANCIAL CENTER
NEW YORK, NY 102853 world financial center
New York, NY 10285

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT 96-97**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		9/29/87			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		13-3611813		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		58.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		29		29		30	

9. Name and Address of Current Registered Agent

 CT corporation system
1200 south pine island Road
Plantation FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL
86	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed as name of registered agent and the address

(Not if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	Change Addition
NAME	1.2 NAME	1.2 NAME	Change Addition
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	1.4 CITY, ST, ZIP	1.4 CITY, ST, ZIP	Change Addition
TITLE	2.1 TITLE	2.1 TITLE	Change Addition
NAME	2.2 NAME	2.2 NAME	Change Addition
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	2.4 CITY, ST, ZIP	2.4 CITY, ST, ZIP	Change Addition
TITLE	3.1 TITLE	3.1 TITLE	Change Addition
NAME	3.2 NAME	3.2 NAME	Change Addition
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP	Change Addition
TITLE	4.1 TITLE	4.1 TITLE	Change Addition
NAME	4.2 NAME	4.2 NAME	Change Addition
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP	Change Addition
TITLE	5.1 TITLE	5.1 TITLE	Change Addition
NAME	5.2 NAME	5.2 NAME	Change Addition
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP	Change Addition
TITLE	6.1 TITLE	6.1 TITLE	Change Addition
NAME	6.2 NAME	6.2 NAME	Change Addition
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	Change Addition
CITY, ST, ZIP	6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP	Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR

July 15, 1997

S. M. M. M. M. M.

CR2034 (12/95)