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

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Secretary of State 97 FEB -3 PH 2:41 • 1997 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #194000000021 1a. Principal Place of Business Address PALMDALE REALTY ASSOCIATES, L.C. C/O FIRST CANAL PARKING CORP. C/O FIRST CANAL PARKING CORP. 744 BROAD STREET, SUITE 2102 44 BROAD STREET, SUITE 2102 NEWARK NJ 07102 NEWARK NJ 07102 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 01/12/1994 ${f FL}$ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 22-3277044 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 02/27/1996 B. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name PRENTICE HALL CORPORATION SYSTEM, INC 110 N. MAGNOLIA SUREET Street Address (P.O. Box Number is Not Acceptable) WALLAHASSEE FL 32301 Sulte, Apt. #, etc. 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) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers KIMMEL, CHARLES MGR 44 BROAD STREET, SUITE 21 NEWARK NJ

11. (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 frustee impowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone II