File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAY -4 PM 4: 09 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000037 1a. Principal Place of Business Address FALCON TRACE, L.C. 2320 HARRIER WAY 2320 HARRIER WAY NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 01/20/1994 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0466576 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 04/28/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name HOWARD N. BLTIMAN Street Address (P.O Rox Number is Not Acceptable) HOWARD N. BLITMAN 5560 Bee Ridge Road 5560 Bee Ridge Road Sulte, Apt. #, etc. Suite D-3 Suite D-3 Sarasota, Florida 34233 City Zip Code Sarasota, 34233 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 of postered 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, DATE _ April 28, 1998 SIGNATURE __ ripting Appaintment) (NOTE Hogistered Agent signature required when reinstating) 10. Title **Business Street Address** Managing Members/Managers City, State and Zip Code MGRM BLITMAN, HOWARD N 222 GRACE CHURCH STREET, S PORT CHESTER NY MGR LOUD, L. JOHN 2320 HARRIER WAY NOKOMIS FL MGRM RITZ, ARTHUR H 16 EVON DR. SYOSSET NY 700002515907--05/07/38/-01103--001 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 factured 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 of prusted amongs red to aspecuje this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

Howard N. Blitman

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

914-937-6300

Daylime Phone #

SIGNATURE: _