


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

LIMITED LIABILITY COMPANY				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000393		1a. Principal Place of Business Address	
1616 ASSOCIATES, L.C. % A. WEBER 2525 PALMER AVE NEW ROCHELLE NY 10801		94-AR LM		1250 SO. MILITARY TRAIL APT. DEERFIELD BEACH FL 33442	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1995	
City & State		City & State		3a. State of Formation	
Zip		Country		FL	
4. FEI Number		5. Date of Last Report		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0574976		04/13/1998		6. Certificate of Status Desired	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
WEBER, GARY 1250 SO. MILITARY TRAIL APT. 1616 DEERFIELD BEACH FL 33442		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 _____	
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM WEBER, GARY		1250 SO. MILITARY TRAIL APT		DEERFIELD BEACH FL	
MGRM WEBER, ALLEN		2525 PALMER AVENUE		NEW ROCHELLE NY	
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: <u>Allen Weber</u> 2/22/99					
INHS10 R (12-98) ALLEN WEBER					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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