
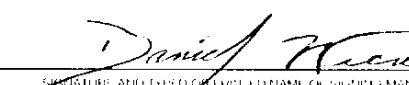


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  MAR 24 AM 10:37	
<b>FILING FEE</b> \$ 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  FORTY ONE ASSOCIATES L.C. 211 BROADWAY, SUITE 202 LYNBROOK NY 11563		DOCUMENT # L95000000722  99-AR CM		1a. Principal Place of Business Address  211 BROADWAY, SUITE 202 LYNBROOK NY 11563	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		3. Date Organized or Qualified 09/20/1995  3a. State of Formation FL  4. FEI Number 11-3291668 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  5. Date of Last Report 03/02/1998  6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. 300002826113--B -04/01/99--01042--010 City ****188.75 ****188.75 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 _____ <small>(Reg. Agent Adopting Appointment) (NOTE: Registered Agent's signature is required when adopting)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WIENER, DANIEL	21 AUERBACH LANE		LAWRENCE NY	
MGRM	WIENER BLOTNER, JUDE	211 BROADWAY, SUITE 202		LYNBROOK 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: 		3/5/99			