

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # 196000000300
HOFFMAN, GENCARELLI & LEVY CONSULTING, L.C.
915 MIDDLE RIVER ROAD, SUITE 309
FT. LAUDERDALE FL 33304

1a. Principal Place of Business Address
915 MIDDLE RIVER ROAD, SUITE
FT. LAUDERDALE FL 33304

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 03/15/1996
3a. State of Formation FL
4. FEI Number 65-0658539
 Applied For
 Not Applicable
5. Date of Last Report
6. Certificate of Status Desired
 \$175 Additional Fee Required

7. Name and Address of Current Registered Agent
LEVY, STEVEN Z
915 MIDDLE RIVER ROAD, SUITE 309
FT. LAUDERDALE FL 33304

8. Name and Address of New Registered Agent
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 *Steven Z. Levy* DATE 4/15/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------------|--------------------------|
| MGRM | HOFFMAN, SHELDON A | 99 PONDFIELD ROAD | BRONXVILLE NY |
| MGRM | GENCARELLI, STEPHEN V | 99 PONDFIELD ROAD | BRONXVILLE NY |
| MGRM | LEVY, STEVEN Z | 915 MIDDLE RIVER ROAD, SUITE 309 | FT. LAUDERDALE FL |

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Steven Z. Levy* STEVEN Z. LEVY DATE 4/15/97 954-564-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #