

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED

98 APR 23 PM 1:12

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

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000300
~~HOFFMAN, GENCARELLI & LEVY CONSULTING, L.C.~~
~~HOFFMAN, LEVY & ASSOCIATES, C.P.A.'s, L.C.~~
915 MIDDLE RIVER ROAD, SUITE 309
FT. LAUDERDALE FL 33304

*↑
N/A filed
3/30/98*

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/15/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0658539	
7. Name and Address of Current Registered Agent				5. Date of Last Report	6. Certificate of Status Desired
LEVY, STEVEN Z 915 MIDDLE RIVER ROAD, SUITE 309 FT. LAUDERDALE FL 33304				04/28/1997	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
LEVY, STEVEN Z 915 MIDDLE RIVER ROAD, SUITE 309 FT. LAUDERDALE FL 33304		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 *Steven Z Levy* DATE 4/20/98
(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, SUI	FT. LAUDERDALE FL

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****188.75 ****188.75
4/24/98

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 Levy* STEVEN LEVY 4/20/98 (954) 564-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #