

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

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

FILED  
97 APR 14 PM 2:26  
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 # 1,96000000678**  
  
DEWITT STERN CROW, L.C.  
42104 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

1a. Principal Place of Business Address  
42104 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  
2. Principal Place of Business  
770 S. Dixie Hwy PO Box 14916  
Suite, Apt. #, etc. 250  
City & State Coral Gables, FL  
Zip 33146 Country USA

3. Date Organized or Qualified 06/21/1996  
3a. State of Formation FL  
4. FEI Number 65-0675214  
 Applied For  
 Not Applicable  
5. Date of Last Report  
8. Certificate of Status Desired  
 SA 25 Additional Fee Required

7. Name and Address of Current Registered Agent  
MAC EWAN, BARRY W  
42104 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
770 S. Dixie Hwy  
Suite, Apt. #, etc. Suite 250  
City Coral Gables FL Zip Code 33146

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 2/12/97  
(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	MAC EWAN, BARRY W	770 SOUTH DIXIE HWY. 2ND F	CORAL GABLES FL
MGRM	STERN, JOLYON	420 LEXINGTON AVENUE STE 2	NEW YORK NY

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\*\*\*\*203.75 \*\*\*\*203.75  
DB4-14-97

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:  DATE 2/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #