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File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 500.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 AM 11:01

mtn 4/1

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 # L96000000744

ANA REAL ESTATE, LLC
1500 SAN REMO AVENUE STE 176
CORAL GABLES FL 33146

1a. Principal Place of Business Address

1500 SAN REMO AVENUE STE 176
CORAL GABLES FL 33146

2. Principal Place of Business
Leeds Associates L.L.C.
Suite, Apt. #, etc.
Lobby
City & State
New York
Zip
10024
Country
U.S.A.
2a. Mailing Address
215 West 83 Street
Suite, Apt. #, etc.
City & State
N.Y.
Zip
10024
Country

3. Date Organized or Qualified
07/11/1996
3a. State of Formation
FL
4. FEIN Number
58-2253585
5. Date of Last Report
02/28/1997
6. Certificate of Status Desired
☐ Applied For
☐ Not Applicable
☒ Not Applicable (Required)

7. Name and Address of Current Registered Agent

ROTH, JEFFREY C
1500 SAN REMO AVENUE STE 176
CORAL GABLES FL 33146

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
100002480861
-04/07/98-01044-00
***238075 ***18875
FL

9. Pursuant to the provisions of Sections 608.416 and 608.506, 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 _____
(Registered Agent Accepting Appointment) (N/A) (Registered Agent signature required when terminating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEEDS, ARTHUR	215 WEST 83RD STREET	NEW YORK NY
MGRM	LEEDS, SUSAN	215 WEST 83RD STREET	NEW YORK 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 this 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: _____
DO NOT WRITE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHS10 R (12-97)