


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
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 12 PM 2:29

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>ANA REAL ESTATE, LLC</b> <b>215 WEST 83 STREET</b> <b>NEW YORK NY 10024</b>	<b>DOCUMENT # L96000000744</b>
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<b>1a. Principal Place of Business Address</b>  <b>C/O LEEDS ASSOCIATES L.L.C.</b> <b>LOBBY</b> <b>NEW YORK NY 10024</b>
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Date Organized or Qualified</b> <b>07/11/1996</b>	<b>3a. State of Formation</b> <b>FL</b>
		<b>4. FEI Number</b> <b>58-2253585</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>5. Date of Last Report</b> <b>03/30/1998</b>	<b>6. Certificate of Status Desired</b> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>  <b>ROTH, JEFFREY C</b> <b>1500 SAN REMO AVENUE STE 176</b> <b>CORAL GABLES FL 33146</b>	<b>8. Name and Address of New Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code
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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 a 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) (R31) (Registered Agent signature required when a change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRN	LEEDS, ARTHUR	215 WEST 83RD STREET	NEW YORK NY
MGRN	LEEDS, SUSAN	215 WEST 83RD STREET	NEW YORK NY

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\*\*\*\*188.75 \*\*\*\*188.75

11. I 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:** 