


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

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97 FEB 10 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000933</b>  F B ROYAL PALM BEACH LLC C/O RD MANAGEMENT CORP. 810 SEVENTH AVENUE NEW YORK NY 10019			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1a. Principal Place of Business Address  C/O RD MANAGEMENT CORP. 810 SEVENTH AVENUE NEW YORK NY 10019	
3. Date Organized or Qualified 09/03/1996	3a. State of Formation FL
4. FEI Number <b>13-3909548</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> <small>See Additional Fee Required</small>

7. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent  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 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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FURMAN, JAY MR	810 SEVENTH AVENUE	NEW YORK NY
MGRM	BIRDOFF, RICHARD J MR	810 SEVENTH AVENUE	NEW YORK NY

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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: X P B W 2/5/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #