
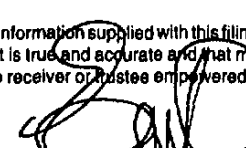


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -2 AM 10:03 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 # L96000001004			
1065 OAKS ASSOCIATES, L.L.C. % SDG MANAGEMENT CORP. <i>Crest Management services</i> 950-3RD AVENUE NEW YORK NY 10022		1a. Principal Place of Business Address <i>Crest Management Services, Inc.</i> % SDG MANAGEMENT CORP. 950-3RD AVENUE NEW YORK NY 10022			
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		3. Date Organized or Qualified	
10800 Biscayne Blvd.		10800 Biscayne Blvd.		09/23/1996	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400		3a. State of Formation FL	
City & State Miami, Florida		City & State MIAMI, Florida		4. FEI Number 13-3911636	
Zip 33161		Country U.S.A.		5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
MELAND & RUSSIN, P.A. 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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	GOLDSTEIN, STUART	950 3RD AVENUE		NEW YORK NY	
MGRM	HASTENBERG, STEVEN	950 3RD AVENUE		NEW YORK NY	
MGRM	ROSENBERG, CHARLES	2875 N.E. 191ST ST. SUITE 10800 Biscayne Blvd Suite 400		N MIAMI BEACH FL MIAMI, FL 33161	
				800002172228--7 -05/08/97--01155--001 ****203.75 ****203.75 B5-7-97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 4-23-97 Daytime Phone # 805 8930199					