


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 50 APR -7 PM 2:21	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company 1065 OAKS ASSOCIATES, L.L.C. CREST MANAGEMENT SERVICES 10800 BISCAYNE BLVD., STE. 400 MIAMI FL 33161		DOCUMENT # L96000001004 1a. Principal Place of Business Address CREST MANAGEMENT SERVICES 10800 BISCAYNE BLVD., STE. 4 MIAMI FL 33161			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/23/1996 3a. State of Formation FL 4. FEI Number 13-3911636 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 03/23/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MELAND & RUSSIN, P.A. 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131			8. Name and Address of New Registered Agent/Office 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) _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent signature for special agent is required)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GOLDSTEIN, STUART	950 3RD AVENUE		NEW YORK NY	
MGRM	ROSENBERG, CHARLES	10800 BISCAYNE BLVD., STE.		MIAMI FL	
MGRM	Fedee, Eric	10800 Biscayne Blvd, Ste 400		Miami FL	
40000028335.74 ---S: -04/08/99 -01085---002 ****188.75 ****188.75					
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: _____ <i>Managing Member</i>		3-22-99			