
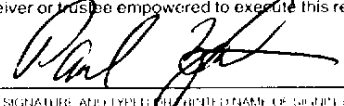


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|---|---------------------------|--|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| 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 PYT, L.L.C. 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON FL 33414 | | DOCUMENT # L96000001091 | | | |
| 2. Principal Place of Business 11260 FORTUNE CIRCLE Suite, Apt. #, etc. J4 City & State WELLINGTON FL. Zip 33414 Country USA | | 2a. Mailing Address 11260 FORTUNE CIRCLE Suite, Apt. #, etc. J4 City & State WELLINGTON FL. Zip 33414 Country USA | | 3. Date Organized or Qualified 10/16/1996 3a. State of Formation FL | |
| | | | | 4. FEI Number 65-0705085 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 05/18/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent ZACHMAN, PAUL 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON FL 33414 | | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 0000002871480--- Suite, Apt. #, etc. -05/11/99--01063--006 ***188.75 ***188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when certificate is filed)</small> | | | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | VERA WANG BRIDAL HOUSE | 225 WEST 39TH STREET | | NEW YORK NY 10018 | |
| MGRM | BECKER, VERA WANG | 225 WEST 39TH STREET | | NEW YORK NY 10018 | |
| MGRM | HAZZARD, CHET | 225 WEST 39TH STREET | | NEW YORK NY 10018 | |
| MGRM | ZACHMAN, PAUL | 11260 FORTUNE CIRCLE, SUITE J-4 | | WELLINGTON FL 33414 | |
| 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:  | | 4-28-99 (561)792-6601 | | | |