



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 19 PM 3:39 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		DOCUMENT # L96000001142		1a. Principal Place of Business Address	
AUSTIN DELRAY REALTY, L.C. C/O EINAUGLER & ASSOCIATES, INC. 182 SOUTH ST STE 7 MORRISTOWN NJ 07960				C/O EINAUGLER & ASSOCIATES, INC. 182 SOUTH ST STE 7 MORRISTOWN NJ 07960	
2. Principal Place of Business 39 AVENUE C Suite, Apt. #, etc. P.O. BOX 8 City & State BAYONNE, NJ 07002 Zip Country		2a. Mailing Address 39 AVENUE C Suite, Apt. #, etc. P.O. BOX 8 City & State BAYONNE, NJ 07002 Zip Country		3. Date Organized or Qualified 10/29/1996 4. FEI Number 65-0703795 5. Date of Last Report 04/14/1997	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent RUBENSTEIN, STEVEN B 3201 MONET DRIVE PALM BEACH FL 33410		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 200002464312-2 -03/20/98--01127--012 ****188.75 ****188.75 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	RUBENSTEIN, STEVEN B	101 E. MAIN STREET		LITTLE FALLS NJ	
MGRM	WILLIAM RUBENSTEIN	128 LAKESIDE AVENUE		COLTSNECK NJ	
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 Daytime Phone #					