


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 99 MAR 15 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 AUSTIN DELRAY REALTY, L.C. 39 AVENUE C, P.O. BOX 8 BAYONNE NJ 07002		1a. Principal Place of Business Address 39 AVENUE C, P.O. BOX 8 BAYONNE NJ 07002			
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 10/29/1996 4. FET Number 65-0703795 5. Date of Last Report 03/19/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent RUBENSTEIN, STEVEN B 3201 MONET DRIVE PALM BEACH FL 33410 <div style="text-align: center;"> 500002814885-1 03/23/98-01032-003 ****188.75 ****188.75 </div>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: center;"> FL </div> Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company hereby appoints me as its registered agent or registered agent, or both, in the State of Florida. Such appointment shall be effective until a majority of the members thereof accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)</small>					
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	RUBENSTEIN, WILLIAM	128 LAKESIDE AVENUE		COLTSNECK NJ	
		AND 50 BEV 120 BUT 130 FLI 150 FG1 950 FG2 170 RAW 250 HEN 230 HIS 300 JAN 350 MAX 450 PKY 550		AUTHORIZATION VCHR # <u>50 4056</u> VEND # <u>37020</u> AMT \$ <u>188.75</u> DATE <u>2-19-99</u> CHECK NO. <u>821</u> PROJ. _____ DEPT. _____ COPY _____ <div style="text-align: right;"> RD 650 RON 700 RUB 740 T&D 800 WMS 950 SUY 750 GTH 200 OTH 400 OTH 500 AUS 75 </div>	
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: _____		WILLIAM RUBENSTEIN - MGRM MEMBER Date: <u>3/8/99</u> Daytime Phone: <u>201-437-6500</u>			