
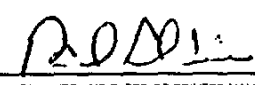


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>GATOR CAPITAL, L.C.</b> <b>C/O GREYSTONE REALTY CORPORATION</b> <b>TWO PICKWICK PLAZA</b> <b>GREENWICH CT 06830</b>		<b>DOCUMENT #</b> L96000001305  1a. Principal Place of Business Address <b>C/O GREYSTONE REALTY CORPORAT</b> <b>TWO PICKWICK PLAZA</b> <b>GREENWICH CT 06830</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
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 <b>12/16/1996</b>	
		3a. State of Formation <b>FL</b>	
		4. FEI Number <b>See Attached</b>	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report	
		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. <b>600002080696-0</b> <b>-02/06/97-01122-004</b> <b>****203.75 ****203.75</b>  City      Zip Code <b>FL</b>	
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	NEW YORK LIFE INSURA,	C/O GREYSTONE REALTY CORP.	GREENWICH CT
MGRM	NEW YORK LIFE INSURA,	C/O GREYSTONE REALTY CORP.	GREENWICH CT
MGRM	EMPLOYES' RETIREMENT,	C/O BP AMERICA, INC. 200 P	CLEVELAND OH
MGRM	LOS ANGELES CITY EMP,	360 EAST SECOND STREET, 8T	LOS ANGELES CA
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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			