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 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						FILED 99 MAR 12 PM 2: 00			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19700000153						SECRUTART OF STATE. TALLAHASSEE, FLORIDA			
830 PARK AVENUE, L.C.						1a. Principal Place of Business Address			
17 FELMLEY ROAD WHITEHOUSE STATION NJ 08889						17 FELMLEY ROAD WHITEHOUSE STATION NJ 08889			
2 Princip	pat Place of Business	ng Address			3. Date Organiz		3a. State of Formation		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02/06/1997 FL 4. FEI Number Applied For			
City & Sta	te	City & St	City & State			22-3492965			Not Applicable
Zıp	Country	Ζιρ		Country		5. Date of Last F	Report		ate of Status Desired
	7. Name and Address of Currer	ıt Registered	l Agent	 	8. (05/18/2 Name and Addres			tional Fee Required
TALLAHASSEE FI. 32301 21 E 46T Suile, Apt. #, etc. NAM City 1 A 1 A 14 A C FL 3 2 3 P 2 ip Code 3 2 3 P 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 agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE A M. A grant Agent									
10. Title	Managing Members/Manage		Business Street Address			City, State and Zip Code			
MGR	MORRISON, J. SCO	17 FELMLEY ROAD				WHITE	HOUSE	STATION N	
						60	10002 -03/2 ****	2 814 2/99(188.75	∤3562 01148010 ****188.75
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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: 3/3/99 908-4/393484									
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