


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -5 PM 3: 27 | |
| 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 # L97000000806 | | 1a. Principal Place of Business Address | |
| JDH-JEFFERSON, L.C. 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 | | | | 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| 420 - 426 Jefferson Ave. | | 590 Madison Ave. | | 07/28/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. State of Formation | |
| | | 21 st Floor | | FL | |
| City & State | | City & State | | 4. FEI Number | |
| Miami Beach FLA | | New York, NY | | 65-0770038 | |
| Zip | | Country | | <input type="checkbox"/> Applied For | |
| 33139 | | USA | | <input type="checkbox"/> Not Applicable | |
| Dade County | | 10022 | | 5. Date of Last Report | |
| | | NY, USA | | First Report | |
| 7. Name and Address of Current Registered Agent | | 8. Name and Address of New Registered Agent/Office | | | |
| GALBUT, ABRAHAM A 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | Suite, Apt. #, etc. | | | |
| | | 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 _____ 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 | |
| MGR | EDELSTEIN, DAVID | 590 MADISON AVE 21ST FLOOR | | NEW YORK NY | |
| MGR | EDELSTEIN, HOWARD | 590 MADISON AVE 21ST FLOOR | | NEW YORK NY | |
| | | | | 500002514845--8 | |
| | | | | -05/07/98--01016--016 | |
| | | | | ****197.50 ****197.50 | |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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

4/30/98 (42) 521-4488

Date

Daytime Phone #