File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 27 PM 12: 45 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # 1.97000011066 SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** L9700001066 1a. Principal Place of Business Address 2136 LLC 165 WEST PUTNAM AVENUE 165 WEST PUTNAM AVENUE GREENWICH CT 06830 GREENWICH CT 06830 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/25/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 06-150 110 3 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 58.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. 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 (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 ROUND HILL CAPITAL, LT 165 WEST PUTNAM AVENUE GREENWICH CT 500002515826---6 -05/07/98--01100--002 ****188.75 ****188.75 AL APR 2 9 1998 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. 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 ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee ampointment of the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver of the receiver of the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the liability company or the receiver of the

OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME