
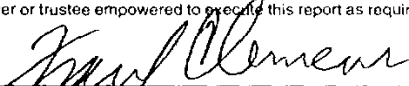


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 23 PM 5:00 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 2136 LLC 165 WEST PUTNAM AVENUE GREENWICH CT 06830			DOCUMENT # L97000001066 1a. Principal Place of Business Address 165 WEST PUTNAM AVENUE GREENWICH CT 06830		
2 Principal Place of Business 411 W. Putnam Ave. Suite, Apt. #, etc. Suite 360 City & State Greenwich, Ct. Zip 06830 Country USA		2a. Mailing Address 411 W. Putnam Ave, Suite 360 Suite, Apt. #, etc. Suite 360 City & State Greenwich, Ct. Zip 06830 Country USA		3. Date Organized or Qualified 09/25/1997 3a. State of Formation FL 4. FEI Number 06-1501103 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/27/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002258823 Suite, Apt. #, etc. -04/30/99--01104--022 City ****197.50 ****197.50 Zip Code FL		
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 _____		
<small>(Registered Agent Accepting Appointment) (SOLE Registered Agent signature required if no other signers)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ROUND HILL CAPITAL, LT	165 WEST PUTNAM AVENUE 411		GREENWICH CT 06830	
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:		 FRANK CLEMENTS		203 661-3099	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MEMBER AT LARGE</small>					