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 Sandra B. Mortham Secretary of State FILED ANNUAL REPORT 1998 DIVISION OF CORPORATIONS 98 MAR 19 PM 3: 39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
of Limited Liability Company DOCUMENT # L97000001210 1a. Principal Place of Business Address REGENT CIRCLE, L.L.C. 280 PARK AVENUE, EAST BUILDING, 20TH FLOOR 280 PARK AVENUE, EAST BUILDI NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/30/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 13-388 3843 Not Applicable 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Lec 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. City 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. DATE SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 280 PARK AVENUE, EAST BUIL NEW YORK NY MGRM REGENCY GREEN NATION, 900002464329---03/20/98--01127--019 ****197.50 ****197.50

11. Ido hereby certify that the information supplied with this filling 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

VATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Dala 2/2/04 Daytine Phone: