

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  
Kathleen S. Hanley  
SECRETARY  
DIVISION OF CORPORATIONS  
L97000001226

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

99 MAR 15 PH 3: 12

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 # L97000001226**  
PAIFA L.C.  
P.O. BOX 660920  
MIAMI SPRINGS FL 33266-0920

1a. Principal Place of Business Address  
5000 N.W. 36TH STREET  
MIAMI FL 33122

2. Principal Place of Business  
2a. Mailing Address  
40 R. REGER, JR., THELEN REID + PRAEST LLP  
40 WEST 57TH ST. - 28TH FL.  
NEW YORK, NY  
10019 USA

3. Date Organized or Qualified 11/04/1997  
3a. State of Formation FL  
4. FEI Number 65-0791406  
5. Date of Last Report 04/27/1998  
6. Certificate of Status Desired  
\$875 Additional Fee Required

7. Name and Address of Current Registered Agent  
HARVEY, WILLIAM L  
5000 N.W. 36TH STREET  
MIAMI FL 33122

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
30000281 4723 - E  
Suite, Apt. #, etc. 03/23/99 - 01017 - 014  
City FL Zip Code  
\*\*\*188.75 \*\*\*188.75

9. Pursuant to the provisions of Sections 608.410 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 \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	REGER, ROBERT J JR.	2200 HUNTER BROOK ROAD  % THELEN REID + PRAEST LLP 40 WEST 57TH ST. - 28TH FL.  BK 3/15/99	YORKTOWN HEIGHTS NY  NEW YORK, NY 10019

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: *Robert J. Reger*, As Managing Member 3/8/99 (212)603-2204