File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -5 PM 3: 27 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 #** L97000001272 1a. Principal Place of Business Address JDH-LINCOLN, L.C. 999 WASHINGTON AVENUE 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Applied For City & State City & State Not Applicable Milimi Beac 6. Certificate of Status Desired Initial Report usa 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name GALBUT, ABRAHAM A Street Address (P.O. Box Number is Not Acceptable) 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 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. SIGNATURE_ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGR EDELSTEIN, DAVID 590 MADISON AVENUE, 21ST F NEW YORK NY 300002514843--5 -05/07/98--01016--014 ****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) (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

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

attachment with an address.
SIGNATURE: