File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.											
LIMITED LIABILITY COMPANY FLORIDA DEPAR						tarris					
Secretary of State 1999 DIVISION OF CORPORATIONS							99 APR 12 PM 3: 52				
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 #L98000000098							TALLAHASSEE, FLORIDA *				
2							is principal place of business				
ATLANTIC ZEDEK, L.C. 49 West 45th Street, 12th floor New York, NY 10036							1688 Meridian Avenue, suite 506 Míamí Beach, FL 33139				
2 Principal Place of Business 2a. Maili 1688 Meridian Avenue				ng Address				Date Organized or Qualified 1/22/98		3a. State of Formation FL	
Suite, Apt. #, etc. Suite, Suite 506				pt. #, etc.			4. FEI Number Applied For				
City & State Miami Beach, FL				City & State			(5 - 0846863				
ASUkrimuo QuZ			Žip	•	Count	ry	5. Date of Lest Report		·	cate of Status Desired	
KLEIN	and Address of Current	Agent			8. Name and Address of New Registered Agent/Office MICHAEL BEDZOW, ESQ.						
2080	YNE BLVD.,	200 (P.O. Box Number is Not Acceptable)						
AVEN'	33138	20803 Bi			scayne Blvd., suite 200						
				Suite, Apt. #, etc.							
			Cily Aventura			FL	Zip Code	33180			
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 its registered office or registriced agent for both, in the State of Florida. Such change was authorized by aftermative vote of a majority of the members. I hereby accept the apas as registered agent, and accept the obligations.										ne purpose of changing accept the appointment	
SIGNATURE THOUSENED Agents and Agent Agent agent to part of the patient of Agent ag								ATE	1/9	9	
10. Title	——————————————————————————————————————			Business Street Address			City, State and Zip Code				
MGR	RADO, FREDERIC			1688 Meridian Avenue,			suite 506	Miami B	each,	FL 33139	
							6.0	10°10' 10' 15' 15' - 0472' *****	0/99~~	1 3:416: -01003010 	
	1/L										
11 I do heroby certify that the information supplied with this lifing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther 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: ACCOUNT ZO LO MAN 2/1/99 ACCOUNT ZO LO TO THE PROPERT OF MICHIGAN MANDER OF MANDER O											

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