


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	
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 ATLANTIC STAR APARTMENTS, L.C. 49 West 45th Street, 12th floor New York, NY 10036		DOCUMENT # L98000000699	
2. Principal Place of Business 1688 Meridian Avenue Suite, Apt. #, etc. Suite 506 City & State Miami Beach, FL Zip 33139		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
3. Date Organized or Qualified 5/28/98		3a. State of Formation FL	
4. FEI Number 58-2396270		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BEDZOW, MICHAEL ESQ. 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33138		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RADO, FREDERIC	1688 Meridian Avenue, suite 506	Miami Beach, FL 33139
4-15-99			

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: _____

SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY/MANAGER, LIMITED LIABILITY COMPANY

Date

Signature Phone #