

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
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FILED

99 APR -8 AM 11: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # L98000002984

EMERALD T ENTERPRISES, L.L.C.
500 EAST 77TH STREET, SUITE 2115
NEW YORK NY 10162

1a. Principal Place of Business Address

500 EAST 77TH STREET, SUITE
NEW YORK NY 10162

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
12/03/1998	FL
4. FET Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
13-4042555	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES FL 34102

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) (If Not Registered Agent Signature required when first page)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DELUCA, TERESE E	500 EAST 77TH STREET, SUITE 2115	NEW YORK NY

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 ***188.75 ***188.75
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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: *Terese E DeLuca* 3/8/99 212 585-0606