

2nd and Final Notice: For or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE
\$ 588.75
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #
M03000003379

ZERO CITY, LLC
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

FILED
99 JUL 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/1998	FL
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City FL 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)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ABRAMSON, EDWARD M	2 PARK AVENUE	NEW YORK NY

300002949583--2
-08/03/99--01084--009
****188.75 ****188.75

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: 7-21-99 Daytime Phone #

HERRICK, FEINSTEIN LLP
A LIMITED LIABILITY PARTNERSHIP

FILED
2 PARK AVENUE NEW YORK, N.Y. 10016 (212) 592-1400
99 JUL 26 PM 3:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 21, 1999

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Limited Liability Company Annual Report 1999

To whom it may concern:

With regard to a conversation I had with the Division of Corporations, please be advised that enclosed is a check in the amount of \$188.75 (not \$588.75 which would include a late fee) for the Filing of Document #L98000001891. As I indicated in my conversation, this is the first notice that this office has received, and so I have been advised to disregard it.

Your cooperation is greatly appreciated.

With kind regards,

Rani D. Walz

Rani D. Walz
Staff Accountant