


**FILE NOW: Fee after May 1, will be \$588.75**

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AND  
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97 FEB 24 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>STEVEN GOODSTEIN, L.L.C., L.C.</b> <b>242 EAST 51ST STREET</b> <b>NEW YORK NY 10022</b>
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**DOCUMENT #M94000000093**

1a. Principal Place of Business Address  <b>242 EAST 51ST STREET</b> <b>NEW YORK NY 10022</b>
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2. Principal Place of Business <b>SAME</b>		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified <b>09/15/1994</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>13-3743756</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>03/27/1996</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>Yes</b> Additional Fee Required

7. Name and Address of Current Registered Agent  <b>COHEN, SETH</b> <b>CROCKER PLAZA, SUITE 301</b> <b>1355 TOWN CENTER ROAD</b> <b>BOCA RATON FL 33486</b>
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8. Name and Address of New Registered Agent  <b>NAME SETH I COHEN, ESQ. P.A.</b> <b>RUTHERFORD LUX HALL AND WARGO</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>SCOTT CENTER 4TH FLOOR</b> <b>2600 NORTH MILITARY TRAIL</b> <b>Suite, Apt. #, etc.</b>  <b>City BOCA RATON FL Zip Code 33431</b>
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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 *Seth I. Cohen* DATE 2/4/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	GOODSTEIN, STEVEN	242 EAST 51ST STREET	NEW YORK NY

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-02/26/97--01122--019  
\*\*\*\*212.50 \*\*\*\*212.50

**PAID** S.G. LLC 2/19/97 #1084 212.50

**PAID** S.G. LLC 1/27/97 #1084 212.50

*A. Alan* 2/24/97

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: STEVEN GOODSTEIN L.L.C., L.C. 1/27/97 212 750 4663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #