File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED Mar 16 1998 8:00 am

City & State City & State City & State City & State Country Country Country Country Country Country Country Country To Date of Last Report O2/24/1997 To Name and Address of Current Registered Agent Name Name Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City City Zip Code PL 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	te
STEVEN GOODSTEIN, L.L.C., L.C. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Sulte, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 3. Date Organized or Qualified Sa. State of Form O9/15/1994 DE City & State City & State City & State City & State Country 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc.	
STEVEN GOODSTEIN, L.L.C., L.C. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Suite, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Suite, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Suite, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Suite, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 2. Principal Place of Business Suite, Apt. #, etc. 242 EAST 51ST STREET NEW YORK NY 10022 24	
NEW YORK NY 10022 2. Principal Place of Business Same Suite, Apt. #, etc. 2a. Mailing Address Suite, Apt. #, etc. 3. Date Organized or Qualified 3a. State of Form 09/15/1994 DE 4. FEI Number At F	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country To Name and Address of Current Registered Agent Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.	
Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Country Country Country Country Country Country Country Country Country The country Country Country Country Country The country The country Country The country Country The country The country The country Country The country Country The	ation
City & State 13-3743756 5. Date of Last Report 6. Certificate of St 02/24/1997 7. Name and Address of Current Registered Agent Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Sulte, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City 2ip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida Statutes, the above-named limited liability company submits this statement for the purpose	
Zip Country Zip Country S. Date of Last Report 6. Certificate of St. Date of Last Report 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Sulte, Apt. #, etc. 13/20/38-01027 City 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	pplied For
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Suite, Apt. #, etc. Suite, Apt. #, etc. City 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	ot Applicable
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Suite, Apt. #, etc. City Zip Code 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	atus Desired
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Suite, Apt. #, etc. City Zip Code 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	Required
COHEN, SETH I ESQ/ SCOTT CENTER, 4TH FLOOR 2600 NORTH MILITARY TRAIL BOCA RATON FL 33431 Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Suite, Apt. #, etc. City Zip Code 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	
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	*168.75
as registered agent, and accept the obligations. 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	
Sections and Auditor	
MRGM GOODSTEIN, STEVEN 242 EAST 51ST STREET NEW YORK NY SGLLC 188.7 #1131 3/6/58	

11. Indo 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 indicated in 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 indicated in the receiver or true tree 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:

212-750-4663