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

LÍMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS FILING FEE 97 APR 28 PM 1: 20 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT** #_{M9500000122} SECRETARY OF STATE of Limited Liability Company CENTRE MORTGAGE CAPITAL L.L.C. (LIMITED CO C/O THE RELATED COMPANIES, L.P. C/O THE RELATED COMPANIES, L. 625 MADISON AVE. 625 MADISON AVE. NEW YORK NY 10022 NEW YORK NY 10022 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/23/1995 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 13-3842052 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8 75 Add-fronal Fee Required 03/15/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. 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 ____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM THE RELATED COMPANIES, 625 MADISON AVE. NEW YORK NY CENTRE TRADING HOLDING ONE CHASE MANHATTAN PLAZA, NEW YORK NY 90002167459--4 -05/06/97--01072--010 ****203.75 ****203.75

11. Ido 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER OR MANAGER

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