
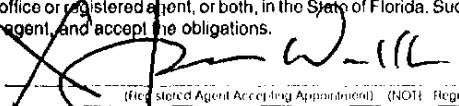


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BLACK DIAMOND SECURITIES, LLC, L.C. 230 PARK AVENUE, SUITE 635 NEW YORK NY 10169		DOCUMENT # M95000000152	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 06/22/1995		3a. State of Formation NY	
4. FEI Number 13-3819347		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 07/01/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State 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.		DATE 8/19/97	
SIGNATURE  (If elected Agent Accepting Appointment) (NOT Registered Agent Signature required when reinstating)		DATE 8/19/97	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WALKER, JAMES E III	230 PARK AVENUE, SUITE 635	NEW YORK NY
MGRM	DECKOFF, STEPHEN H	230 PARK AVENUE, SUITE 635	NEW YORK NY

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

Daytime Phone #