
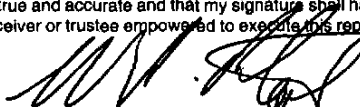


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 18 AM 8:37 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000367			
PRAEDIUM BELLE LLC 2-68 FIRST BOSTON TAX DEPT. 5- WORLD TRADE CENTER NEW YORK NY 10048		1a. Principal Place of Business Address 55 EAST 52ND STREET NEW YORK NY 10055			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business 11 Madison Avenue Suite, Apt. #, etc. 26th Floor City & State New York, NY Zip 10010 Country USA		2a. Mailing Address 11 Madison Avenue Suite, Apt. #, etc. 26th Floor City & State New York, NY Zip 10010 Country USA		3. Date Organized or Qualified 12/15/1995 3a. State of Formation NY 4. FEI Number 13-3858556 5. Date of Last Report 04/16/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET 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 700002090957--1 -02/18/97--01109--010 ***203.75 FL			
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	
MGRM	THE PRAEDIUM RECOVERY	55 EAST 52ND STREET		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: 		Frank P. Patafio Treasurer of Managing Member		2/12/97 212-448-5744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	