## 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 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

FILED

98 APR 27 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT # M95000000367** 1a. Principal Place of Business Address PRAEDIUM BELLE LLC 11 MADISON AVE 11 MADISON AVE 26TH FLOOR 26TH FLOOR NEW YORK NY 10010 NEW YORK NY 10010 2a. Mailing Address 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation PO. Box Suite, Apt. #, etc. 12/15/1995 NY Sulte, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3858556 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Country \$8.75 Additional Fee Required 02/18/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. 000002511690--05/05/38--01120--001 \*\*\*\*180.09 \*\*\*\*188.75 City

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 reinstaling)

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:

Owen Devlin