


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -1 AM 9:12	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000096 ROCKRIMMON COMMODITIES, LLC 2600 NORTH MILITARY TRAIL BOCA RATON FL			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2600 NORTH MILITARY TRAIL BOCA RATON FL	
City & State		City & State		3. Date Organized or Qualified 03/25/1996	
Zip		Country		3a. State of Formation NY	
				4. FEI Number 13-3811521	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 09/02/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
WILSON, JEFFREY 2600 NORTH MILITARY TRAIL BOCA RATON FL				Name	
				Street Address (P.O. Box Number is Not Acceptable) 300002514303---0	
				Suite, Apt. #, etc. -05706798--01133--010 ****188.75 ****188.75	
				City FL Zip Code 1264	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WILSON, JEFFREY T	17095 DARLINGTON CT.		BOCA RATON FL	
MGR	ARNONE, KEVIN M	120 BROADWAY		NEW YORK NY	
MGRM	LLOYD, ANDREW	120 BROADWAY		NEW YORK NY	
MGRM	HOLLAND, TOM	120 BROADWAY		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

4/30/98

212-433-7145