


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
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FILED
98 MAR 12 PM 4:00

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
STATE OF FLORIDA

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000199 NORTHSTAR CONSULTING GROUP, L.L.C. 55 SCHANK ROAD, SUITE A-1 FREEHOLD NJ 07728
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1a. Principal Place of Business Address 55 SCHANK ROAD, SUITE A-1 FREEHOLD NJ 07728

2. Principal Place of Business 33 North Main Street Suite, Apt. #, etc. Wyckoff Building City & State Marlboro, N.J. Zip 07746 Country USA	2a. Mailing Address 33 North Main Street Suite, Apt. #, etc. Wyckoff Building City & State Marlboro, N.J. Zip 07746 Country USA
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3. Date Organized or Qualified 06/07/1996	3a. State of Formation NJ
4. FEI Number 22-3423140	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/03/1997	6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent CONROE, FLORENCE 4960 SABAL PALM BLVD., APT 406 TAMARAC FL 33319

B. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code

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 ****188.75 ****188.75
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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
MEM	MALECKI, JOSEPH A	55 SCHANK ROAD, SUITE A-1	FREEHOLD NJ
MEM	ENGELHARDT, SUSAN R	55 SCHANK ROAD, SUITE A-1	FREEHOLD NJ
MEM	KLAFTER, BRENDA A	55 SCHANK ROAD, SUITE A-1 33 North Main Street	FREEHOLD NJ Marlboro, NJ

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Brenda A. Klaffer* Brenda A. Klaffer 3-1-98 732-780-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #