


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
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FILED

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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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M96000000263
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LD RESIDUAL LLC
24 RICHMOND HILL AVENUE
STAMFORD CT 06904

1a. Principal Place of Business Address
24 RICHMOND HILL AVENUE
STAMFORD CT 06904

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 07/19/1996	3a. State of Formation DE
4. FEI Number 06-1462065	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400002112624--4 Suite, Apt. #, etc. -03/13/97--01077--002 ****203.75 ****203.75 City FL 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.

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	LOUIS-DREYFUS, GERARD	405 LEXINGTON AVE., 57TH F	NEW YORK NY
MGRM	SUSSMAN, JEFFREY I	405 LEXINGTON AVE., 57TH F	NEW YORK NY
MGRM	BARIBEAU, ROLLAND R	405 LEXINGTON AVE., 57TH F	NEW YORK NY
MGRM	SHEPHERD, DAVID B	405 LEXINGTON AVE., 57TH F	NEW YORK NY
MGRM	EDELMAN, MARTIN L	75 EAST 55TH STREET	NEW YORK NY
MGRM	STEINER, ERNEST F	405 LEXINGTON AVE., 57TH F	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  [D. SHEPHERD]	Date 3/5/97	Daytime Phone # 20396 0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		