
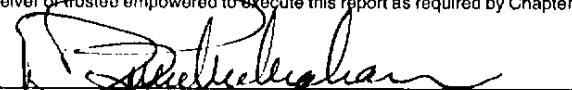


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 13 AM 11:06	
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 # M96000000266		1a. Principal Place of Business Address	
ARGENT CLASSIC MANAGEMENT COMPANY, LLC 591 WEST PUTNAM AVENUE GREENWICH CT 06830				591 WEST PUTNAM AVENUE GREENWICH CT 06830	
2. Principal Place of Business 181 Harbor Drive Suite, Apt. #, etc.		2a. Mailing Address 181 Harbor Drive Suite, Apt. #, etc.		3. Date Organized or Qualified 07/22/1996	
City & State Stamford, CT		City & State Stamford, CT		3a. State of Formation DE	
Zip 06902-7474		Country USA		4. FEI Number 06-1456502	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/28/1997	
				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	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code 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	MCMAHAN, D. BRUCE	591 W. PUTNAM AVENUE		GREENWICH CT	
MGRM	SCHWARTZMAN, SAUL	591 W. PUTNAM AVENUE		GREENWICH CT	
MGRM	GORDON, JOHN R	591 W. PUTNAM AVENUE		GREENWICH CT	
		see Box # 2		see Box # 2	
100002525971--3 -05/15/98--01101--012 ****188.75 ****188.75					

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

Date

Daytime Phone

4-27-98 203-977-2656