File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 30 PM 1:59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000287** Principal Place of Business Address JAED GLOREN ASSOCIATES, LLC 805 THIRD AVENUE, 26TH FLOOR NEW YORK NY 10022 805 THIRD AVENUE, 26TH FLOOR NEW YORK NY 10022 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 08/01/1996 NY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3392564 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 04/21/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name WRIGHT, LYNN W ESQUIRE 2716 REW CIRCLE, SUITE 102 Street Address (P.O. Box Number is Not Acceptable) OCOEE FL 34761 <u>600002480906--</u> -04/07/38-<u>-</u>01044--019 Suite, Apt. #, etc. ****188.75 ****188.75 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 (Ragistated Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GOREN BROTHERS, L.P. 805 THIRD AVENUE, 26TH FLO NEW YORK NY MGRM ETABLISSEMENT COMPAG, 805 THIRD AVENUE, 26TH FLO NEW YORK NY

11. Ido 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 ilmited 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

ALEXANDER GOREN

attachment with an address.

SIGNATURE: