



LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 14 AM 9:28 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					
1. Name and Mailing Address of Limited Liability Company WELLSPARK MANAGEMENT LLC ONE WELLS AVENUE, SUITE 201 NEWTON MA 02159				DOCUMENT #M96000000329 1a. Principal Place of Business Address ONE WELLS AVENUE, SUITE 201 NEWTON MA 02159			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.							
2. Principal Place of Business One Wells Avenue Suite, Apt. #, etc. City & State Newton, MA 02159 Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/05/1996		3a. State of Formation DE	
				4. FEI Number 04-3345015 APPLIED FOR		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired See 2a Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET TALLAHASSEE FL 32301				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 4000002143604--9 -04/15/97--01054--019 ****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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____							
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM		NED MANAGEMENT LIMIT,		ONE WELLS AVENUE		NEWTON MA	
MGRM		O'CONNOR MANAGEMENT ,		399 PARK AVENUE		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:				Steven S. Fischman		(617)965-8700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date		Daytime Phone #	