


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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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 #M96000000434**

CAPITAL QUEST LLC
~~615 S.W. ST. LUCIE CRESCENT, #2C~~
~~STUART FL 34994~~
SEE TO. BELOW

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 101 EXECUTIVE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ELMSFORD NY	
Zip	Country	Zip	Country 10523 WESTCHESTER

FILED
97 MAY -1 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
615 S.W. ST. LUCIE CRESCENT,
STUART FL 34994

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)	
		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 N/A - NO CHANGE DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ZISSELMAN, JEFFREY N	615 S.W. ST. LUCIE CRESCEN	STUART FL
MGRM	LEVINE, ROBERT P	615 S.W. ST. LUCIE CRESCEN	STUART FL

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[Signature]

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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]* **4/29/97 (914) 345-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #