FILE'NOW: Fee after May 1, will be \$588.75

ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

LIMITED LIABILITY COMPANY Sandra B. Mortham 97 APR 23 AH 11:59 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company #M9600000479 1a. Principal Place of Business Address NEUBERGER - BERMAN, LLC NEUBERGER & BERMAN, LLC 605 THIRD AVENUE - 37TH FLOOR GOS THIRD AVENUE NEW YORK, NY. 10158-3698 NEW YORK, NY 10158-3698 If above mailing address is incorrect in any way, line through Incorrect information and enter correction in Block 2a 3. Date Organized or Qualified | 3a. State of Formation 12/02/96 come Suite, Apt. #, etc. DGLAWARE Suite, Apt #, etc. Applied For 13-5521910 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip St. Zu Additional Fer: Required 💢 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET, SUITE 105 Suite, Apt. #, etc. 300002158623---2 TALLAHASSEE, FL. 32301

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) (N | NOTE: Registered Agent signature required when reinstating) | | |

Business Street Address 10. Title Managing Members/Managers City, State and Zip Code CLO NEUBERGER BERMAN MBRMI RICHARD A. CANTOR 605 THIRD AVENUE NEW YORK, NY. 10158-

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 limited liability company or the receiver or truetee 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

Daytime Phone #