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 FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -3 AMII: 04 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Malling Address of Limited Liability Company **DOCUMENT # M9**6000000479 1a. Principal Place of Business Address NEUBERGER & BERMAN, LLC 605 THIRD AVENUE - 37TH FLOOR 605 THIRD AVENUE - 37TH FLOO NEW YORK NY 10158-3698 NEW YORK NY 10158 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation SAME AS ABOVE SAME AS ABOUE 12/02/1996 4. FEI Number DE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 13-5521910 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 04/23/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Sulte, Apt. #, etc. City 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 STEIGER, HEIDT C/O NEUBERGER - BERMAN, 60 NEW YORK NY RICHARD A. CANTOR 605 THIRD AVE. - 37TH FLOOR 10158-3698 APR - 6 טעעו

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 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MAMBER OR MANAGER

<u> 3|23|98</u>

Destino Dueno #