

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 25 AM 10:25

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000042

KAJIMA URBAN DEVELOPMENT LLC
550 S. HOPE STREET, SUITE 1645
LOS ANGELES CA 90071

44-AR
CM

1a. Principal Place of Business Address
900 SYLVAN AVENUE
ENGLEWOOD CLIFFS NJ 07632

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/31/1997	DE
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	22-3487870	
				5. Date of Last Report	6. Certificate of Status Desired
				08/28/1998	\$8.75 Additional Fee Required ☐

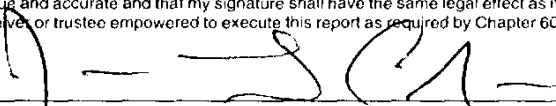
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when effecting change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KAJIMA INTERNATIONAL,	900 SYLVAN AVENUE	ENGLEWOOD CLIFFS NJ

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:  2/22/99 213 452-4930
JAMES L. CRENSHAW, Controller

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****188.75 ****188.75