

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

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DIVISION OF CORPORATIONS

99 APR 15 AM 10:46

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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	<b>DOCUMENT # M97000000108</b>
MEGHAN ASSOCIATES, LLC 3001 JAMES STREET, 2ND FLOOR SYRACUSE NY 13206	

1a. Principal Place of Business Address
3001 JAMES STREET, 2ND FLOOR SYRACUSE NY 13206

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/04/1997	NY
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	16-1477722	
		5. Date of Last Report	6. Certificate of Status Desired
		05/05/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD., #600 WEST PALM BEACH FL 33401	Name ALBERT J. GAMOT, JR. Street Address (P.O. Box Number is Not Acceptable) 315 5th STREET Suite, Apt. #, etc. City WEST PALM BEACH FL Zip Code 33401

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 *Albert J. Gamot Jr.* DATE 04/13/99  
(If Registered Agent Accepting Appointment) (If Not, Registered Agent's Signature Required for Appointment)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MURACO, MICHAEL S	3001 JAMES STREET	SYRACUSE 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: *[Signature]* 04/13/99  
SIGNATURE AND CHECKED OFF BY THE BOARD OR CORPORATION MUST BE IN WRITING AND MUST BE