


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 20 AM 11:44

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 # M97000000155</b>  GRUNTAL & CO., L.L.C. 14 WALL STREET 15TH FLOOR ACCOUNTING DEPT. NEW YORK NY 10005
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1a. Principal Place of Business Address  14 WALL STREET 15TH FLOOR ACCOUNTING DEPT. NEW YORK NY 10005
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2. Principal Place of Business One Libery Plaza Suite, Apt. #, etc. 14th Floor City & State New York Zip 10006-1487 Country USA	2a. Mailing Address One Liberty Plaza Suite, Apt. #, etc. 14th Floor City & State New York Zip 10006-1487 Country USA
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3. Date Organized or Qualified 03/27/1997	3a. State of Formation DE
4. FEI Number 13-3933850	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/18/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002853426 Suite, Apt. #, etc. -04/27/99--01058--007 City ****188.75, ****188.75 Zip Code FL
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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) (If Not Registered Agent, Signature Required When Applicable)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RITTEREISER, ROBERT P	<del>14 WALL STREET</del> One Liberty Plaza	NEW YORK NY
MGR	FENSTERSTOCK, LEE	<del>14 WALL STREET</del> One Liberty Plaza	NEW YORK NY
MGR	BATTIPAGLIA, JOSEPH V	<del>14 WALL STREET</del> One Liberty Plaza	NEW YORK NY
MGR	BRADLEY, RALPH H	<del>14 WALL STREET</del> One Liberty Plaza	NEW YORK NY
MGR	BYERS, STEPHEN R	<del>14 WALL STREET</del> One Liberty Plaza	NEW YORK NY
<del>MGR</del>	<del>GIRRITO, JOHN</del>	<del>14 WALL STREET</del>	<del>NEW YORK NY</del>
MGR	Gottmann, Henry D.	One Liberty Plaza	New York, NY
MGR	Marren, Joanne, T.	One Libery Plaza	New York, 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: Gay Curran 3/15/99