File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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

Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000199

KALB, VOORHIS & CO. LLC 27 WILLIAM STREET

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SECRETARY OF STEAD TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

27 WILLIAM STREET

NEW IORK NI 10005					NEW TORK NI 10005				
2. Principal Place of Business 2a. Maili		ng Address		3. Date Organized or Qualified		3a. State of Formation			
				04/09/1997		NY			
Suite, Apt. #, etc. Suite, Ap		. #, etc.		- 04/09/1997 4. FEI Number		<u> </u>			
						<u> </u>	Applied For		
City & State City & Sta		ate		13-5549000		Not Applicable			
Zip Country Zip		Zin	Country		5. Date of Last Report		6. Certificate of Status Desired		
Zip	Country	Σ,ρ		oria y			\$8.75 Additiona	d Fee Required	
7. Name and Address of Current Registered			Agent 8. Name and Ad			ress of New Registered Agent/Office			
				Name					
MARKS, STANLEY									
	NE 191ST DRIVE		Street Address (P.O. Box Number is Not Acceptable)						
NORTH MIAMI BEACH FL 33180			Sulte, Apt. #, etc.						
			· · · · · · · · · · · · · · · · · · ·						
			City			Zip Code			
					FL				
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. DATE									
SIGNATU	RE(Registered Agent Accepting	IOTE: Registered Agent sig	E: Registered Agent signature required when reinstating)						
10. Title			Business Street Address		S	City, State		ite and Zip Code	
						· · · · · ·			
MGRM	GUTENSTEIN, ROBER	UTENSTEIN, ROBERT G 27 WILLIA		AM STREET	M STREET		NEW YORK NY		
	CRISCITELLO, MARK S		27 WILLIAM STREET		n	NEW YORK NY			
MGRM	CRISCITELLO, MARI	(5	S \ MITPI	LAM STREET	Ľ .	NEW IC	NKV NI		
MGRM	HERRMAN, WILLIAM	н	27 WILL	AM STREET	r	NEW YO	ORK NY		
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11. Ido hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

LIGNATURE:

212-804-0212-