

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

FILED
SECRETARY OF STATE
99 MAY -3 PM 1:42

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

mtu
5/5

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000249

THE GOLDMAN, SACHS & CO. L.L.C.
85 BROAD STREET
NEW YORK NY 10004

1a. Principal Place of Business Address

85 BROAD STREET
NEW YORK NY 10004

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
05/06/1997

3a. State of Formation
DE

4. FEI Number
13-3920082
☐ Applied For
☐ Not Applicable

5. Date of Last Report
04/27/1998

6. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

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	THE GOLDMAN SACHS CO,	85 BROAD STREET	NEW YORK NY
MGRM	THE GOLDMAN SACHS GROU	85 BROAD STREET	NEW YORK NY

7000002868837--5
-05/10/99--01006--021
****188.75 ****188.75

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: **THE GOLDMAN SACHS CORPORATION**
By: **James B. McHugh Asst. Sec.** *[Signature]* **4/26/99 212 901-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #