File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 ATT 10: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SEUR LANT UP STALL TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 1. Name and Mailing Address **DOCUMENT # M97000000405** of Limited Liability Company 1a. Principal Place of Business Address K & S WATERFORD LAKES, LLC C/O KALIKOW DEVELOPMENT ASSOCIATES, LTD. C/O KALIKOW DEVELOPMENT ASSO 7001 BRUSH HOLLOW ROAD 7001 BRUSH HOLLOW ROAD WESTBURY NY 11509 WESTBURY NY 11509 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/09/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 11-3383249 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Zip Country \$8.75 Additional Fee Required 04/21/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code City 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ (Regulated Agra) Accepting April Itmental CYDIT (Registered Agra) signature tequinal when tennel display **Rusiness Street Address** City, State and Zip Code 10. Title Managing Members/Managers

11. Ido 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 trustoe 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:

SCHAPOR AND TYPE COMMINGENAME OF SEATENMAN OF LIMING HORMAN OF A

4/13/99 (516)876-4800

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