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

FILED

98 APR 27 PM 1:55

							CEOUNTAIN OF CTATE			
	STATE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Name	and Mailing Adited Liability Co.	Idress DOCILI	1							
							1a. Principal Place of Business Address			
MTGRP, L.L.C. 85 BROAD STREET, 26TH FLOOR							85 BROAD STREET, 26TH FLOOR			
NEW YORK NY 10004							NEW YORK NY 10004			
2. Principal Place of Business 2			2a. Mailir	ng Address			3. Date Organize	d or Qualified	3a. State of Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08/20/1	997	DE		
						4. FEI Number		Applied For		
City & State			City & State			13-3952166 Not Applical		Not Applicable		
Zip Country			Zip Country			5. Date of Last Re		leport	6. Certificate of Status Desired	
·			Decision 1				<u></u>		\$8.75 Additional fee Hequired	
7. Name and Address of Current Register				Agent 8.			Name and Address	of New Regist	tered Agent/Office	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324										
						Street Address (F	(P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, etc.			. 700002511837 e -05/05/9801120013			
				City				ーUS/US ****1	5/3801120013 88-75****108.75 	
			City			FL	ZID COOR			
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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)							DATE			
10. Title	Itle Managing Members/Managers			Business Street Address			City, State and Zip Code			
						_				
MGR	MTGLQ	INVESTORS,	L.P.	85 BRO.	AD 8	STREET, 2	6TH FLOO	NEW YO	ORK NY	
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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 optrustee 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Date

Daytime Phone #