	ED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -2 AM 9: 23	
\$ 188 . Name	Annual Report \$100. 75 Make Check Payab and Malling Address	le To: FLOF	IDA DEPARTME	NT OF STATE		
Name and Malling Address of Limited Liability Company SPAW REALTORS, LLC % A. WEBER 2525 PALMER AVENUE NEW ROCHELLE NY 10801					1a. Principal Place of Business Address & A. WEBER 2525 PALMER AVENUE NEW ROCHELLE NY 10801	
Princip	pal Place of Business	2a. Ma	ling Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. Suit			, Apt. #, etc.		09/12/1997	NY
			Oir. 8 Oires		4. FEI Number	
ity & State		City & State			13-3960467	Not Applicat
p	Country	Zip	Cou	ntry	5. Date of Last Report	6. Certificate of Status Desire
	7. Name and Address of Cur	rent Registere	d Agent	8.	Name and Address of New Regis	stered Agent/Office
	S. MILITARY TRA FIELD BEACH FL 3			Suite, Apt. #, etc		Zip Code
						Eth Code
	ant to the provisions of Sections 608.			above-named limited		
registe	ant to the provisions of Sections 608. red office or registered agent, or both, ared agent, and accept the obligations	n the State of Fi		above-named limited	l liability company submits this stat	
registe registe	red office or registered agent, or both, i ered agent, and accept the obligations	n the State of Fi		above-named limited authorized by affirma	l liability company submits this stat tive vote of a majority of the membe	rs. I hereby accept the appointme
registe s registe IGNATU	red office or registered agent, or both, ered agent, and accept the obligations	n the State of Fl.	orida. Such change was	above-named limited authorized by affirma	I liability company submits this stat tive vote of a majority of the membe DATE	rs. I hereby accept the appointme
registe registe GNATU	ored office or registered agent, or both, ared agent, and accept the obligations URE	n the State of Fl.	orida. Such change was (NOTE: Registered Agent signal Bush	above-named limited authorized by affirma ure required when reinstating	I liability company submits this state tive vote of a majority of the member DATE City	rs. I hereby accept the appointme
e registe e registe BNATU Title	ored office or registered agent, or both, seed agent, and accept the obligations URE	in the State of Fi	(NOTE Registered Agent signal Busin 2525 PALI)	above-named limited authorized by affirma ure required when reinstatin ness Street Address	DATE City City NEW RO	rs. I hereby accept the appointme
registe registe RENATU Title	red office or registered agent, or both, red agent, and accept the obligations URE	in the State of Fi	(NOTE Registered Agent signal Busin 2525 PALI)	above-named limited authorized by affirmative required when reinstation ness Street Address	DATE City City NEW RO	rs. I hereby accept the appointment of the second sec
e registe	red office or registered agent, or both, red agent, and accept the obligations URE	in the State of Fi	(NOTE Registered Agent signal Busin 2525 PALI)	above-named limited authorized by affirmative required when reinstation ness Street Address	DATE DATE DATE DATE NEW YO	rs. I hereby accept the appointment of the second sec
registe registe RENATU Title	red office or registered agent, or both, red agent, and accept the obligations URE	in the State of Fi	(NOTE Registered Agent signal Busin 2525 PALI)	above-named limited authorized by affirmative required when reinstation ness Street Address	DATE DATE DATE DATE NEW YO	rs. I hereby accept the appointment , State and Zip Code OCHELLE NY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

Date