


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 \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company ADGOLD ASSOCIATES LLC C/O PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK NY 10036		DOCUMENT # M97000000629	
2. Principal Place of Business c/o The Newkirk Group 100 Jericho Quadrangle Suite, Apt. #, etc. Suite 214 City & State Jericho, NY Zip 11753 Country USA		2a. Mailing Address same as principal Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 09/25/1997		3a. State of Formation NY	
4. FEI Number 13-2977830		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002466927--0 Suite, Apt. #, etc. -03/24/98--01085--021 City FL Zip Code 188.75	
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	ADGOLD MANAGER LLC,	1585 BROADWAY c/o The Newkirk Group 100 Jericho Quadrangle Suite 214	NEW YORK NY Jericho, NY 11753 OK 3-24
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. By: <u>Adgold Manager LLC, managing Member</u> By: <u>Newkirk Manager Corp., member</u> SIGNATURE: _____ By: <u>Peter Braverman, VP</u> 516-681-3636 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			