File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



FILED

ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SUCRETARY OF STATE DIVISION OF CORPORATIONS		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
DASIS ASSOCIATES LLC C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, SUITW 214 JERICHO NY 11753							1a. Principal Place of Business Address C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, SUIT JERICHO NY 11753		
2 Princip	al Place of Bus	iness	2a. Mai	ling Address			3. Date Organize	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc. Su				ite, Apt. #, etc.			09/26/1	997	NY
City & Sta	te	City & S	City & State			4. FEI Number	Applied For Not Applicable		
•							5. Date of Last R		6. Certificate of Status Desired
Zip	ip Country		Ζιp		Count	ry	03/23/1	,	S8 75 Additional Fee Required
	7. Name	and Address of Curren	t Registered	d Agent		8. Name	Name and Address	of New Regis	lered Agent/Office
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability cor its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of as registered agent, and accept the obligations.								FL ubmits this state y of the members	Zip Code
SIGNATURE (Registered Agent Accepting Argisicitis and UNOT). Registered Agent signature required when real string									
MGRM		MANAGER LLC				HO QUADR	ANGLE, SU	JERICH	State and Zip Code IO NY 2:8:0:8:27:9 6/9901098012 188.75 ****188.75
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an									

INHSE10 R (12-98)