


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  99 MAR 15 PM 2: 26	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>GREZAR ASSOCIATES LLC C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, SUITE 214 JERICHO NY 11753</b>		<b>DOCUMENT # M97000000637</b>  1a. Principal Place of Business Address  <b>C/O THE NEWKIRK GROUP 100 JERICHO QUADRANGLE, SUIT JERICHO NY 11753</b>			
2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified <b>09/26/1997</b>  3a. State of Formation <b>CT</b>  4. FEI Number <b>13-3136718</b>  5. Date of Last Report <b>03/23/1998</b>  6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when it is not a sign)</small>			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GREZAR MANAGER LLC,	100 JERICHO QUADRANGLE, SU		JERICHO NY	

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-03/16/99-01098-011  
\*\*\*\*188.75 \*\*\*\*188.75

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

**SIGNATURE:**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGER OR MEMBER COMPANY

File

Daytime Phone #