File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 DIVISION OF CORPORATIONS 99 MAR 12 PM 2: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 SECRETART UI STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address Name and Mailing Address
 of Limited Liability Company **DOCUMENT # M97000000652** MOONSTONE JUDGE LLC 309 MAMARONECK AVENUE, SUITE 399 309 MAMARONECK AVENUE, SUITE WHITE PLAINS NY 10605 WHITE PLAINS NY 10605 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/29/1997 NY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3953435 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 03/20/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 300002814343----03/22/99--01148--004 \*\*\*\*188.75 \*\*\*\*188.75 Zip Code 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: Begistered Agent signature regions) when resistatings 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code RATNER, MICHAEL H 3 GORHAM COURT SCARSDALE NY MGRM MGR MOGUL, CHARLES G 311 ROSE ST FREEPORT NY 11. Ido hereby certify that the information supplied with this filing does not qualify for the exception 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 to prefer the same to be impossible to the same to be indicated on the same

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