File oh or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.



ANNUAL REPORT 1998					Secreta Secreta SION OF (B. Morth try of State CORPOR	e ATIONS	DIVISION OF CORPORATIONS 98 MAY -8 AM 9: 01					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000701										V 111	ן טיכ		
	DAILY E 600 THI NEW YOR	SS REVIEW, ENUE	18. Principal Place of Business Address 600 THIRD AVENUE NEW YORK NY 10016										
2. Principal Place of Business 2a. Mailir					ng Address			3. Date Organized or Qualified			3a. State of Formation		
1 SF Third Ave. Suite, Apt. #, etc. Suite, Ap					5.			10/13/1997		NY.	NY		
								4. FEI Number Applied For					
City & State City & S					tate			13-3962212			Not Applicable		
Zip Miami, FL 33131			Zip	Zip Count			5. Date of Last		Report	l	ertificate of Status De		
								NIA		SB 75	SB 75 Additional Fee Required		
7. Name and Address of Current Registered						Na		Name and Addres	s of New R	legistered .	gistered Agent/Office		
1200 PLAN	TATION	PINE I FL 333	SLAND ROAD 324 Ins 608.416 and 608.50 or both, in the State of Fi	8, Florida	Suite, Apt. #, etc. City City Florida Statutes, the above-named limited			P.O. Box Number Is Not Acceptable) -05/12/9801048016 ****188.75 ****188.75 Zip Code FL Iliability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment					
SIGNATU	RE			<u>-</u> -					DATE				
SIGNATURE					Jistered Agent s	ignature requir	red when reinstating	City, State and Zip Cod			and Zin Code		
MGR MGR	BIONDI	, MICH		31	WEST	52NI) STREE	ET	NEW NEW	YORK YORK	NY NY		
MGR	KINGSE	ERRY,	JAMES C	31	WEST	52NI	STREE	3 T	NEW	YORK	NY		

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 attachment with an address.

SIGNATURE:

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