File on subjec	or before t to a \$ 40	May 1, 1999 o 0.00 LATE FE	r Limited	d Liability Cor	npany will be	e				
LIMITE		Y COMPANY EPORT		LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		FILED 99 MAR 16 PM 4: 33				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						Sight Min product				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000712						TALL AHASSEE, FLORIDA				
WESTMINSTER FIDELCO II, L.L.C.						1a. Principal Place of Business Address				
225 MILLBURN AVENUE, #202 MILLBURN NJ 07041						225 MILLBURN AVENUE, #202 MILLBURN NJ 07041				
2 Principal Place of Business 2a. Mai				ling Address		3. Date Organiz	Date Organized or Qualified   3a. State of Formation			
Suite, Apt. #, etc.			Suite, Ap	ot. #, etc.	10/29/1					
City & State			City & St	oto		4. FEI Number			Applied For	
Only & State			City & Si	ate					Not Applicable	
Zip	Zip Country Zip		Ζip	Country					te of Status Desired	
7. Name and Address of Current Registered			Agent	8.	04/27/1 Name and Addres		tered Agent	/Office		
TALL	ant to the provision	FL 32301	and 608.508	s, Florida Statutes, the a	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  FL  above-named limited liability company submits this statement for the purp			purpose of changing		
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by aftirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Big stered Agent is grature recoiled when terrolating)							J DATE			
10. Title	Managing Members/Managers			Busin	ess Street Address		City, State and Zip Code			
- {	BERSON, MARC E			225 MILLE	JE, #202	MILLBURN NJ BRIDGEWATER NJ				
MOIN	M KUSHNER, MURRAY			981 ROUTE 22						
					600002820706					
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. Hurther 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 THE DID NAME OF SIGNING MANAGIN'S MEMBER OF MANAGER 15 15 DAYS OF STRING PROPERTY OF STRING PROPERTY OF SIGNATURE AND THE DISTRICT PROPERTY OF SIGNATURE PROPERTY OF SIGNATURE AND THE DISTRICT PROPERTY OF SIGNATURE AND THE DISTRICT PROPERTY OF SIGNATURE PROPERTY OF SIGNATUR										

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