


2nd and

File on or before Sept. 23, 1999 of Limited Liability Company

FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *W 7/27*
99 JUL 27 PM 1:57
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILING FEE	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000714 GRAND CRU VILLA GP LLC 420 LEXINGTON AVE., SUITE 2702 NEW YORK NY 10170

1a. Principal Place of Business Address 420 LEXINGTON AVE., SUITE 27 NEW YORK NY 10170
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
10/30/1997	NY
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
13-3974440	
5. Date of Last Report	6. Certificate of Status Desired
01/21/1999	<input type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002949202--0 City FL
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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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIDOFF, ANDREW	420 LEXINGTON AVE., SUITE	NEW YORK NY
MEM	DAVIS, LARRY	420 LEXINGTON AVE., SUITE	NEW YORK NY
MEM	TISCHLER, GARY	420 LEXINGTON AVE., SUITE	NEW YORK NY

Grant Code 6915
(588.75)