


2nd and File on or before Sept. 29, 1999 or 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 | |
|--|---------------------------|--|--------------------------|
| FILING FEE \$ 588.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000715 GRAND CRU RIVERSIDE GP LLC 420 LEXINGTON AVENUE, SUITE 2702 NEW YORK NY 10170 | | 1a. Principal Place of Business Address 420 LEXINGTON AVENUE, SUITE NEW YORK NY 10170 | |
| 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 10/30/1997 | | 3a. State of Formation NY | |
| 4. FEI Number 13-3974431 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 01/21/1999 | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 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. 300002949199--1 -08/03/99--01066--020 City Zip Code FL | |
| 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: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | DAVIDOFF, ANDREW | 420 LEXINGTON AVENUE, SUITE | NEW YORK NY |
| MEM | DAVIS, LARRY | 420 LEXINGTON AVENUE, SUITE | NEW YORK NY |
| MEM | TISCHLER, GARY | 420 LEXINGTON AVENUE, SUITE | NEW YORK NY |
| <i>GMMS</i> <i>Code 6915</i> <i>588.75</i> | | | |
| 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | | |
| Date _____ Daytime Phone # _____ | | | |