


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
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FILED

99 JUL 27 PM 1:59

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
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1 Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000716
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GRAND CRU MORNING 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

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 10/30/1997	3a. State of Formation NY
4. FEI Number 13-3974429	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 01/21/1999	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7000002949197--7 Suite, Apt. #, etc. -08/03/99--01066--019 ****588.75 ****588.75 City FL 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: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIDOFF, ANDREW	420 LEXINGTON AVE., SUITE 2702	NEW YORK NY
MEM	TISCHLER, GARY	420 LEXINGTON AVE., SUITE 2702	NEW YORK NY

GRANT
Code 6915
588.75

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