File on or bei	ore May 1, 1998 or 400.00 LATE FEE	Limited	I Liability Con	npany will be	<del>0</del>		
ANNUA	ILITY COMPANY L REPORT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State		FILED			
1998 DIVISION OF CORPORATIONS					98 MAR 19 PM 3: 39		
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 DOCLIMENT #					SPONIAL DY OF STATE TO THE PERSON		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000849							
PLEDGED PROPERTY II LLC 335 MADISON AVENUE, 26TH FLOOR NEW YORK NY 10017					1a. Principal Place of Business Address  335 MADISON AVENUE, 26TH FLO NEW YORK NY 10017		
2. Principal Place o	Business	2a. Malli	2a. Malling Address			ed or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			12/15/1997 DE	
City & State		City & Ste	City & State		<u> </u>		Applied For  Not Applicable
Zip	Country	Zip	Coun	try	5. Date of Last Report		6. Certificate of Status Desired  St 75 Additional Fee frequired
7. N	sme and Address of Current	Registered	Agent	В.	Name and Address	s of New Regist	tered Agent/Office
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida S its registered office or registered agent, or both, in the State of Florida. Such as registered agent, and accept the obligations.  SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)  SUIDO24642994  Sulte, Apt. #, etc03/20/3801126025  ****188.75 ****188.75  City Zip Code  FL  Sove-named limited liability company submits this statement for the purpose of changing athorized by affirmative vote of a majority of the members. I hereby accept the appointment			
(Registered Agent Accepting Appointment) (			ſ <del></del>				
10. Title	e Managing Members/Managers		Business Street Address		City, State and Zip Code		
							futher continues the information
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. If unther 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: Western Plant OF SIGNING MANAGER Date Dayling Phone P							