2ND and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: $688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 APR 23 PM 11:13

FILING FEE $ 688.75 | 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 # M97000000870

R.A.F., LLC
C/O HELLER REALTY
745 FIFTH AVENUE
NEW YORK NY 10151

1a. Principal Place of Business Address

C/O HELLER REALTY
745 FIFTH AVENUE
NEW YORK NY 10151

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: 12/19/1997

3a. State of Formation: NY

4. FEI Number: 13-3983497 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 7/1/98

6. Certificate of Status Desired ☐

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.
City — Zip Code — FL

9. Pursuant to the provisions of Sections 608.416 and 608.500, 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 signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	~~RABAIDY~~ REALTY HOLDING A.C.,	745 FIFTH AVENUE	NEW YORK NY

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-05/26/99--01094--014
****188.75 ****188.75

11. I 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: Arnold Simon 4/27/99 (914)923-7000

(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER) (DATE) (DAYTIME PHONE #)

(REVISED 12-15-98)

Arnold Simon