


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
99 MAR 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>A.C. WOLF, L.L.C.</b> 9 SIXTY SECOND STREET WEST NEW YORK NJ 07093	<b>DOCUMENT # M98000000058</b>
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1a. Principal Place of Business Address 9 SIXTY SECOND STREET WEST NEW YORK NJ 07093
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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 01/22/1998	3a. State of Formation NJ
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent IDE, BRUCE J C/O TERRA MANAGEMENT <del>2090 PALM BEACH LAKES BLVD., #801</del> WEST PALM BEACH FL 33409  <i>Street address in line 3 is typ. correct</i>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>2000 Palm Beach Lakes Blvd, Suite 301</i> Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	IDE, BRUCE J	9-62 STREET	WEST NEW YORK NJ 07093
MGR	WOLF, EVE H	10 EAST END AVENUE	NEW YORK NY 10021

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-04/08/99-01007-018  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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:** *Bruce J. Ide* **Bruce J. Ide** Manager 3/25/99 201-868-3923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DATE DAY/STATE #