

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 15 AM 10:45	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000161 1492 ASSOCIATES, LLC C/O HOFFMAN BROTHERS 733 SUMMER STREET STAMFORD CT 06901		1a. Principal Place of Business Address C/O HOFFMAN BROTHERS 733 SUMMER STREET STAMFORD CT 06901			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address P.O. Box 3580 Suite, Apt. #, etc. City & State Stamford, CT Zip Country 06905		3. Date Organized or Qualified 02/19/1998 3a. State of Formation CT <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		4. FEI Number 06-1108775		5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 33324		
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) (R318) (Registered Agent signature required when changing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HOFFMAN, STEPHEN J	733 SUMMER STREET		STAMFORD CT	
MGR	HOFFMAN, BURTON D	733 SUMMER STREET		STAMFORD CT	
MGR	HOFFMAN, LAURENCE K	10 MIDDLE STREET		BRIDGEPORT CT	
0000002848070--5 -04/22/99--01102--007 ****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)(i), Florida Statutes. 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: <u>LAURENCE K. HOFFMAN</u> <u>Laurence K. Hoffman</u> <u>4-12-99</u> <u>203-339-3900</u> <small>SIGNATURE AND TYPE OF OFFICIAL DESIGNATED BY SIGNER (MANAGING MEMBER OR MANAGER REQUIRED)</small>					