

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company 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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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

99 SEP -7 PM 1:45

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75
Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

1 Name and Mailing Address of Limited Liability Company	DOCUMENT # M98000000377 WEINRIB/COLE REAL ESTATE LLC 15 EAST NORTH STREET DOVER DE 19901
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1a. Principal Place of Business Address 15 EAST NORTH STREET DOVER DE 19901

2 Principal Place of Business Suite, Apt. #, etc. City & State Zi: Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 04/21/1998	3a. State of Formation DE
4. FEI Number 52-2080438	
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent WEINRIB, JEROME 777 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445
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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 608.508, 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 _____

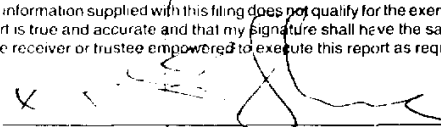
(Required for Appointment) (Not Required for Registered Agent Signature when not changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGRM WEINRIB, JEROME	777 SOUTH CONGRESS AVENUE	DELRAY BEACH FL

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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 provided 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:  9-1-99 (212) 473-3000

I, _____, Attorney General, accept the appointment of _____ as registered agent for the above-named limited liability company. Date: _____