

2nd *2/10* File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 588.75	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 # M98000000578
---	-------------------------

BENJAMIN MANAGEMENT COMPANY, L.L.C.  
~~70 SOUTH ORANGE AVENUE, SUITE 225~~  
~~LIVINGSTON NJ 07039~~

FILED  
99 OCT 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address  
~~70 SOUTH ORANGE AVENUE, SUITE~~  
~~LIVINGSTON NJ 07039~~

2. Principal Place of Business <i>360 West 31<sup>st</sup> St.</i> Suite, Apt. #, etc. <i>Suite 1000</i> City & State <i>New York, NY</i> Zip <i>10001</i> Country <i>NEW YORK</i>	2a. Mailing Address <i>360 West 31<sup>st</sup> St.</i> Suite, Apt. #, etc. <i>Suite 1000</i> City & State <i>New York, NY</i> Zip <i>10001</i> Country <i>NEW YORK</i>
--	---

3. Date Organized or Qualified <i>05/29/1998</i>	3a. State of Formation <i>NJ</i>
4. FEI Number <i>13-4068837</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 GITTLIN, B. MORTON 10155 COLLINS AVENUE, APT. NO. 901 BAL HARBOUR FL 33154	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
---	---

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 \_\_\_\_\_ (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
MGRM	GITTLIN, B. MORTON	10155 COLLINS AVE., #901	BAL HARBOUR FL
900003023119--6 -10/25/99--01006--001 ****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. 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: *B. Morton Gittlin* 9/12/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

212.244.4646  
Fax 212.629.3985

②

*Benjamin Management Company, L.L.C.*

21 Penn Plaza  
360 West 31st Street, Suite 1000  
New York, NY 10001

October 11, 1999

Florida Dept. of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document # M98000000578  
Annual Report

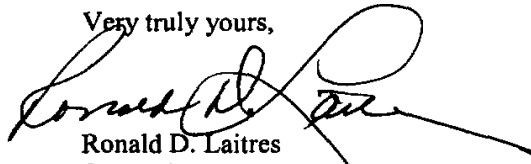
Gentlemen:

We previously verbally reported to you that we had not received the first notice for the annual filing.

Because of the above, we were advised by Marie in the Division of Corporations to pay \$188.75

We enclose both the report and our check.

Very truly yours,



Ronald D. Laitres  
Controller

Enclosures