
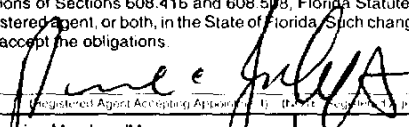
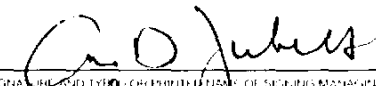


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # M98000000772	
G/W RIVERWALK MANAGEMENT, LLC 120 WOOSTER STREET NEW YORK NY 10012		1a. Principal Place of Business Address 120 WOOSTER STREET NEW YORK NY 10012	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
07/15/1998		DE	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		5. Certificate of Status Desired	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ATTN: PAUL C. JUBELT ORLANDO FL 32822		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002871386 City -05/11/99-01060--003 Zip Code ****188.75 ****168.75 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 3/22/99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AFFIRMATIVE EQUITIES C	120 WOOSTER STREET	NEW YORK NY
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: 		3/22/99 214.925.9600	