

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 30 MAR 18 AM 10:37	
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 # M98000000827	
JOTAR, L.L.C. 551 MADISON AVENUE, 2ND FLOOR NEW YORK NY 10022		99-AR CA	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
07/31/1998		NJ	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
77-0433900			
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		8. Name and Address of New Registered Agent/Office	
MILLER, JACQUELINE S C/O CHAPIN, MILLER & YUDENFREUND 440 ROYAL PALM WAY, SUITE 200 PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 the 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 of agent, and accept the obligations.			
DATE			
(Register not Agent Accepting Appointment) (NOTE: Registered Agent signature required when it is a change)			
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 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 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 address.		Managing Members/Managers Business Street Address City, State and Zip Code	
SAS, WILLIAM		551 MADISON AVENUE, 2ND FL NEW YORK NY	
SIGNATURE		100002819231 -03/26/99--01003--013 ****188.75 ****188.75	
INHS10 R (12-98)		OK Fair	
12. I 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 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 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 address.			
RE: <i>William George</i> <i>William George</i> <i>William George</i>			