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 FILED ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 99 MAR 12 PH 2: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001133** 1a. Principal Place of Business Address SUN POINTE BAY LLC 1180 AVENUE OF THE AMERICAS, 18TH FLOOR 1180 AVENUE OF THE AMERICAS, NEW YORK NY 10036 NEW YORK NY 10036 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/05/1998 DESuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 13-4025987 City & State City & State APPLIED FOR Not Applicable 5 Date of Last Report 6. Certificate of Status Desired Zın Country Country Ζıp S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BAUMAN, MICHAEL 540 BRICKELL KEY DRIVE, SUITE C-1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Suite, Apt. #, etc. City 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. Thereby accept the appointment as registered agent, and accept the obligations. DATE \_ SIGNATURE \_\_\_\_ (Bugistered Agent Accepting Apolic Priest). (NOTE: Registered Agent signature required when real tuting). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM LUSKI, DAVID 1180 AVENUE OF THE AMERICA NEW YORK NY MGRM TANSEY, FRANCIS X 1180 AVENUE OF THE AMERICA NEW YORK NY MGRM BAUMAN, MICHAEL 540 BRICKELL KEY DR., SUIT MIAMI FL 2000 00 00 00 11 17 1 10 13 + 18 3 002/24/290 000074 - 08 3 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 pustee 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.

URE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

INHSE 10 R (12-98)