File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. ne think FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SOMA" - 5 TH 2: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # M98000001257** 1a. Principal Place of Business Address EQUIBASE COMPANY LLC 40 EAST 52ND STREET, 15TH FLOOR 40 EAST 52ND STREET, 15TH FL NEW YORK NY 10022 NEW YORK NY 10022 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/27/1998 KY Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 13-3561965 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY 12-01 HAYES STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 (Registered Agent Accepting Appendiscol) (NOTE: Registered Agent signature respect when recount they 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM THE JOCKEY CLUB RACI, 821 CORPORATE DRIVE LEXINGTON KY MGRM EQUIBASE HOLDING PAR, 420 FAIR HILL DRIVE, SUITE ELKTON MD 400002871224---05/11/99--01051--008 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido 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 reaprilis 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: