


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED MAY -3 AM 11:43 DATE MAY 11 1999 TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>LAGF OPERATING ASSOCIATES-CPI, LLC</b> <b>101 WEST MAIN STREET</b> <b>MOORESTOWN NJ 08057</b>				DOCUMENT # M98000001467			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 12/08/1998		3a. State of Formation DE	
Country		Country		4. FEI Number 52-2130370		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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 <b>KOCHENOUR, KENNETH</b> <b>2801 EAST COLONIAL DRIVE</b> <b>ORLANDO FL 32803</b>				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (FEE: Registered Agent Signature required when a new agent is appointed)</small>				DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	HARPORT ASSOCIATES, LL	101 WEST MAIN STREET		MOORESTOWN NJ			
				2000002871522 -05/11/99--01068--022 ****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: <u><i>Arthur J. [Signature]</i></u>				4-26-99 815-972-2222			
SIGNATURE AND TYPE OF PERSON FOR FILING OF SUCCESSION, MANAGING MEMBER OR TRUSTEE							