File on or i	before May 1, 1999 or l	imited	I I iability Com	nany will he			
subject to LIMITED L	a \$ 400.00 LATE FEE. IABILITY COMPANY NUAL REPORT 1999		FLORIDA DEPARTME Katherine I Secretary of DIVISION OF CORF	NT OF STATE larris State	SI DIVIS	CPECNIA O COL. COL.	H STATE HONATIONS
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						- 11.	111132
1 Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001471 LAGF ASSOCIATES-CPI, LLC 101 WEST MAIN STREET MOORESTOWN NJ 08057					1a. Principal Place of Business Address 101 WEST MAIN STREET MOORESTOWN NJ 08057		
2 Principal Place of Business 2a. M.			ng Address		3. Date Organize	ed or Qualified	3a. State of Formation
Suite, Apt. #, e	tc.	Suite, Apt #, etc.			12/08/1998 DE		
,					4. FEI Number		Applied For
City & State	Country	City & State Zip Country				52-2130318 Not Applicable Date of Last Report 6. Certificate of Status Desired S8 75 Additional Fee Required	
7. Name and Address of Current Registered A					ame and Address of New Registered Agent/Office		lered Agent/Office
KOCHENOUR, KENNETH 2801 EAST COLONIAL DRIVE ORLANDO FL 32803				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc			
City 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above named							
	ffice or registered agent, or both, in the agent, and accept the obligations.	State of Flo	rida. Such change was a	uthorized by affirmat	tive vote of a majorit	y of the members	s. Thereby accept the appointment
SIGNATURE (Histories (Agent Agent Ag					IAAC		
10. Title	Managing Members/Managers			ess Street Address		City.	State and Zip Code
MGRM H	ARPORT ASSOCIATES	S, LL	101 WEST	MAIN STRE	ET	MOORES	TOWN NJ
						10002 -05/1: ****	19719708 1/9901084001 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. If urther 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: Saulaia Grand Grand 4-11-49 215-972-2222 SEANCH AND THE CONTROL OF THE							

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