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Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878~5926

REGISTERED AGENT CHANGE

MIAMI BAY VIEW LLC

Certificate of Status	Ū Ū
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Manu C

AUG 28 2008

EXAMINER

8/27/2008

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

LIMITED HABILI	I I COMI 2001	ad liabilit
Pursuant to the provisions of sections 608.416 or 608.508 company submits the following statement in order to chan in the State of Florida.	, 9	nt, or bat
1. Name of the limited liability company: MIAMI BAY VII	W LLC	
2. (a) Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	C/O RFR HOLDING, LLC 390 PARK AVENUE, THIRD FL NEW YORK NY 10022	 -
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
		8
5/1/2003	L03000015654	AUG
3. Date of filing/registration in Florida	4. Document number	0+ 01 27
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:	3
Registered Agent:	DADY ROBERT E	ထူ 🖁
Registered Office Address:	201 ALHAMBRA CIRCLE, SUITE 6 CORAL GABLES/FL/33134	0165
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent;		·
112 11 Registered Agent.	CT Corporation System	
NEW Registered Office Address:	1200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation FL3332	4
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the caconfirmed that the change(s) was/were authorized by an afficompany or as otherwise provided in the articles of organizatiability company.	address of the registered office and the use of a Florida limited liability company irmative vote of the members of the limi	business /, it is here ited liabili
Signature of a member or authorized representative of a member)	-	
lorence Merceron		
Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the pro- tim familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a co-	pper and complete performance of my du as registered agent as provided for in C	uties, and Chapter 60
onfirm that the limited liability company has been notified	in writing of this change	

Division Sister of Succept 20. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)