

From:

Division of Corporations

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Second Request

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#396 P.001/003

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (212) 947-7200  
Fax Number : (212) 564-6083

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

W&M SC CORNERSTONE II L.L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: W&M SC CORNERSTONE II L.L.C.

2. (a) Principal office address of limited liability company: 60 East 42nd Street  
*(Note: MUST BE STREET ADDRESS)*

New York NY 10185

(b) Mailing address of limited liability company: 60 East 42nd Street  
*(Note: MAY BE POST OFFICE BOX)*

New York NY 10185

September 8, 2005

3. Date of filing/registration in Florida

L05080088559

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Kluger, Peretz, Kaplan & Berlin, P.L.

Registered Office Address:

c/o Jamie M. Coco 201 S. Biscayne Blvd. Bld. 1700

Miami FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:  
*(MUST BE FLORIDA STREET ADDRESS)*

515 East Park Avenue

Tallahassee FL 32304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jack K. Fairman  
*(Signature of a member or authorized representative of a member)*

Jack K. Fairman, Authorized Representative

*(Printed or typed name of signor)*

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Melissa Allen - Melissa Allen - Assistant Secretary  
*(Signature of Registered Agent)*

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
**FILING FEE: \$25.00**

DNHS18 (05/08)

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