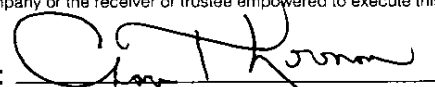


FILED
Apr 07, 2008 8:00 am
Secretary of State

60020406

DOCUMENT # M03000001280				04-07-2008 90232 045 ***138.75	
1. Entity Name HFA GLOBAL LLC					
Principal Place of Business 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST TOWER WEST PALM BEACH, FL 33401		Mailing Address 777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST TOWER WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 777 S FLAGLER DR		60020406	
Suite, Apt. #, etc.		Suite, Apt. #, etc. EAST TOWER, SUITE 1000		03142008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 02-0687830	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOONAN, CHARLES T 777 SOUTH FLAGLER DRIVE, SUITE 1000 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBERG, EDWARD L 777 SOUTH FLAGLER DRIVE, SUITE 1000 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUER, ELIOT 101 PARK AVENUE, 35TH FLOOR NEW YORK, NY 10178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.					
SIGNATURE:  CHARLES T. NOONAN 4-3-08 561-514-3907					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					