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*****25.00 *****25.00

May 10, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: S. Gimbel LLC("Company")

Dear Sir/Madam:

LLP010001032--9 405/15/01+2093--002 *****25.00

800004287588---05/15/01--01009--002

Enclosed for filing is the Company's Statement of Change of Registered Agent/Office. Also, enclosed is a check in the amount of \$25.00 to cover the Statement's filing fee.

Please stamp the enclosed copy of the Statement and return it to me in the enclosed self-addressed stamped envelope.

If you should have any questions, please call me at (312) 527-3442.

Sincerely,

MICHAEL BEST & FRIEDRICH LLC

Julie A. Lamprecht

Legal Assistant

JAL:jal Enclosures

cc: Stephen E. Goodman, Esq

5/23

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. The name of the limit	ed liability company is:	S. Gimbel	LLC		
2. The mailing address of	of the limited liability com	opany is : _	10155 collins A	venue,	
Penthouse 7, Bal	Harbour, Florida 33	154			
March 15, 2000			L000000002974		
3. Date of filing/registrat	tion in Florida		4. Document num	iber	
5. The name of the registration Florida Department of	ered agent and the registe. State:	ered office a	address as shown o	n the records	s of the
	Corporation	Service (COmpany		
		Name			
		ays Stree	rt.		
		ddress			
	Tallahasse		2301		
		tate and Zip			
6. The name and address	of the new registered age	nt and/or of	ffice:		
	Sidne	y Gimbel			
	Na	ame			
	10155 Collins Av	renue, Per	thouse 7		
	Florida street address (P.O. Box N	OT acceptable)	-	
		•	•	至纽	으
	Bal Harbour	FL	33154		
	City, Star	te and Zip		F - 1	
If the limited liability conconfirmed that after the cland the business office of liability company, it is here the members of the limite the operating agreement of the limite shall be shall b	hange or changes are mad the registered agent will reby confirmed that the cl d liability company or as	de, the Flori be identica hange(s) wa otherwise t	da street address o l. Or, in the case o as/were authorized	f the register of a Florida li by an affirm	red office imited artive vote of
Signature of a member or author	ized representative of a member)		•	•	
Sidney Gimbel, Manage	er		200 E-200		_
(Printed or typed name of signee)					
I hereby accept the appointments of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the confirm address, I hereby confirm (Signature of Registered Agent)	ntment as registered ages s of all statutes relative to d accept the obligations of hit document is being file that the limited hability of the comment is the limited hability of the limited habilit	nt and agre o the prope of my positi ed to merely company ho	e to act in this cap r and complete per on as registered as v reflect a change i as been notified in	acity. I furth formance of tent as provi in the registe writing of th	her agree to my duties, ided for in red office is change.
(organism of Kogigarien Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00