that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT P. ROTHENBERG

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ROTHENBERG, ROBERT P	Name	FRIEDMAN, GIDEON Z
Address	192 LEXINGTON AVENUE, SUITE 901	Address	192 LEXINGTON AVENUE, SUITE 901
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016

DOCUMENT# L12000141413

Entity Name: FOUNTAIN LAKE APARTMENTS LLC

Current Principal Place of Business:

192 LEXINGTON AVENUE SUITE 901 NEW YORK, NY 10016

Current Mailing Address:

192 LEXINGTON AVENUE SUITE 901 NEW YORK, NY 10016

FEI Number: 46-1349069

Name and Address of Current Registered Agent:

FAGERLI, OLAF HJR. 2921 NW 28TH TERRACE BOCA RATON, FL 33434 US

SIGNATURE: Electronic Signature of Registered Agent

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 hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

FILED Jan 25, 2013 Secretary of State CC4598018341

Certificate of Status Desired: No

01/25/2013 Date

Date