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DOCUMENT # L0000013650 1. Entity Name N.W. 28TH WAY, L.C.									FILED			
11.11. 2011 WAT, L.O.												
Principal Plac	o of Busines			Mail	ing Address				OIJAN24 AM	9: 57		
Principal Place of Business Mailing Address C/O EISENBERG C/O EISENBERG									SECRETARY OF STATE			
PMB 289, 1440 CORAL RIDGE DR. CORAL SPRINGS FL 33071					PMB 289, 1440 CORAL RIDGE DR. CORAL SPRINGS FL 33071							
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2. Principal Place of Business				3. M	3. Mailing Address				i realifold and effict emilit easte eather en	IAR BBABA IABBB BIIIO BIII	(Billek eb ih i B a j	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State				City & State				4. FEI	4. FEI Number Applied For Not Applicable			
Zip		Country		Zij	Zip		Country		tificate of Status Desired [\$5.00 Add	ditional	1
	6. Name	and Add	ress of Current	Registe	red Agent	<u></u>		7. Nan	ne and Address of New Regis			=
SHIMOFF, IRVING ESQ.							Name					_
BANK OF AMERICA TOWER						Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
100 S.E. 2ND ST., STE. 3920 MIAMI FL 33131						-						
						City	FL Zip Code					
8. The above	named enti	ty submits	this statement fo	r the pur	pose of changing its	register	ed office or reg	istered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed	or printed nar	ne of registered agent a	and title if ap	opticable. (NOT	E: Registere	d Agent signature re	quired when reinsta	ting)	DATE		
					FILE N	OW!!!	FEE IS \$50.	იი				1
					Make Check Pa							;
9.		МА	NAGING MEMBE	ERS/ME	MBERS	10.			ADDITIONS/CHA	NGES		-
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NAME STREET ADDRESS						NAM	E ET ADORESS					ľ
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NAME STREET ADDRESS						NAM	E					
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS - ST- ZIP					
11. I hereby of indicated	ertify that th on this repo	e informati rt is trug ar	or supplied with	this filing	g does not qualify for signature shall have	the exe	mption stated in legal effect as	n Section 119. if made unde	07(3)(i), Florida Statutes. I further oath; that I am a managing rorida Statutes.	ner certify that the in nember or manage	nformation or of the	
imited lial	bility compai	ny or tyle ru	eceiver or trustee	empow	ered to execute this	report as	required by C	hapter 608, Fl	orida Statutes.			
SIGNAT		AND TYPED C	G PRINTED NAME OF	SIGNING	MANAGING MEMBER, MAN	PES.	AUTHORIZED REPI	RESENTATIVE	///7/0/ 954- Date	755-/2/ Daytime Phone #	1 <u>2</u>	
					1/							J