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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L01000011651</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |  |
| 1. Entity Name<br><b>CITYPLACE SOUTH TOWER, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |
| Principal Place of Business<br><b>625 MADISON AVE<br/>NEW YORK, NY 10022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Mailing Address<br><b>625 MADISON AVE<br/>NEW YORK, NY 10022</b>                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 3. Mailing Address                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Suite, Apt. #, etc.                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | City & State                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Country                                                                                  |  |
| 4. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 5. Certificate of Status Desired                                                         |  |
| <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                       |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Name and Address of New Registered Agent                                              |  |
| <b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when address change.)</small>                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |  |
| <b>PLEASE PAY FEE \$150.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 10. ADDITIONS/CHANGES                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 2003, Florida Statutes. |  |                                                                                          |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                  |  | VICE - PRESIDENT <b>4/21</b>                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                          |  |

MJH



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☐ CHECK HERE IF MAKING CHANGES

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