2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

05 SEP -8 AM 10: 03 DOCUMENT # L01000018061 NORTHSTAR REALTY OF THE PALM BEACHES, LLC Mailing Address Principal Place of Business 14406 MILITARY TRAIL 14406 MILITARY TRAIL DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address 4900 LINTON BLUD 4900 LINTON BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 09062005 Chg-LLC CR2E083 (10/03) 17 17 City & State City & State 4. FEI Number Applied For BEACH BEACH, FL DELRAY 65-1149283 Not Applicable DELRAY Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 3344 S **U** S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORLEY, SCOTT Street Address (P.O. Box Number is Not Acceptable) 14406 MILITARY TRAIL DELRAY BEACH, FL 33484 City 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MRG MRG TITLE TITLE ☐ Delete ☐ Change Addition HTABASIJA RABATHAGO ETTINGER, DAVID NAME NAME 4900 CTATON BIOD #17 14406 MILITARY TRAIL STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FO 33445 MRG Delete TITLE ☐ Change ☐ Addition WORLEY, SCOTT **500060050** 09/28/05--01054--021 NAME NAME 14406 MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33484 MAG MRG Delete Change TITLE TITLE ☐ Addition WORTEN SERGER, MICHAEL WURTENBERGER, MICHAEL רות פנום אסימבו מספף 14406 MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP DELPAY BEACH, FL 33445 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 exprovered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

9/6/05 (561) 498-7979
E Date Daysine Phone #