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Secretary of State
04-29-2004 90075 003 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010806

1. Entity Name
SREBNICK MANAGEMENT THREE, LLC

24059698

04232004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
~~1110 BRICKELL AVENUE 7TH FL~~ ~~MIAMI, FL 33131~~	~~1110 BRICKELL AVENUE 7TH FL~~ ~~MIAMI, FL 33131~~

2. Principal Place of Business		3. Mailing Address	
2400 So. DIXIE HIGHWAY		2400 So. DIXIE HIGHWAY	
Suite, Apt. #, etc.: #200		Suite, Apt. #, etc.: #200	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLOOM, KENNETH M~~
~~1110 BRICKELL AVENUE 7TH FL~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name: SCOTT A. SREBNICK
Street Address (P.O. Box Number is Not Acceptable): 2400 SO. DIXIE HIGHWAY #200
City: MIAMI FL Zip Code: 33133

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 [signature] 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SREBNICK WEBER, ELIZA ~~3005 JACKSON STREET~~ ~~SAN FRANCISCO, CA 94115~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 40 EAST 89 ST., # 14D NEW YORK, NY 10128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Eliza S Weber 4/23/04 415-531-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #