

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015683

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: MI-NY LOFT LLC

**Current Principal Place of Business:**

C/O RFR HOLDINGS, LLC  
390 PARK AVENUE, THIRD FL  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RFR HOLDINGS, LLC  
390 PARK AVENUE, THIRD FL  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number: 26-0438647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DADY, ROBERT E ESQ  
201 ALHAMBRA CIR., STE. 601  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FUCHS, MICHAEL  
Address: 390 PARK AVENUE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: AMGR ( ) Delete  
Name: HERMAN, PHILIP  
Address: 390 PARK AVENUE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: AMGR ( ) Delete  
Name: DADY, ROBERT E  
Address: 201 ALHAMBRA CIRCLE #601  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL FUCHS

MEMB

07/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date