2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 07, 2004
Secretary of State

DOCUMENT# L03000053739

Entity Name: HFAH-MONACO LLC

Current Principal Place of Business:

C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 51-0491934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, ROBERT M
C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete
Name: KOHN, ROBERT M
Address: 6010 SHERWOOD GLEN WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR ( ) Delete
Name: MACFARLANE, ROBERT A
Address: ONE ODELL PLAZA
City-St-Zip: YONKERS, NY 10071

ADDITIONS/CHANGES:

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 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 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: ROBERT KOHN MGR 12/07/2004

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