

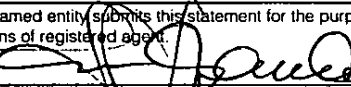
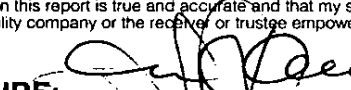


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

20040659

<b>DOCUMENT # L04000050690</b>				<b>Secretary of State</b> 04-22-2005 90053 032 ****50.00	
1. Entity Name 61-12 MADISON REAL ESTATE, L.L.C.					
Principal Place of Business 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021		Mailing Address 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021		20040659 	
2. Principal Place of Business 4000 NE 1ST AV Suite, Apt. #, etc. #117 City & State OAKLAND PARK Zip 33334 Country USA		3. Mailing Address 4000 NE 1ST AV. Suite, Apt. #, etc. #117 City & State OAKLAND PARK Zip 33334 Country USA		01132005 Chg-LLC CR2E083 (10/03) 4. FEI Number 11-3483032 Applied For Not Applicable	
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ. FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BOULEVARD, SUITE 350-N HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name BRADFORD C. BANTA Street Address (P.O. Box Number is Not Acceptable) 4000 NE 1ST AV #117 City OAKLAND PARK FL Zip Code 33334			
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  BRADFORD C. BANTA DATE 4-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MG, RM FLJANKOVIC, SINISA 60-30 MEBAHAN ST RIDGEMONT, NY 11385 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <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)(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:  EXT 10 4-18-05 918-386-2900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					