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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Phone : (850)222-1092 fax Number : (850)878-5926

REGISTERED AGENT CHANGE

M.F. 1800 CLUB, LLC

Certificate of Status	0
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D. BRUCE

AUG 28 2008

EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: M.F. 1800 CLUB,	LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	390 PARK AVE., 3RD FLOOR NEW YORK NY 10022	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
11/15/2004	L04000082855	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the		
Registered Agent:	DRDT ROBERT E	
Registered Office Address:	201 ALHAMBRA CIRCLE, SUTTE 601 CORAL GABLES/FL/33134	
:		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
NEW Registered Agent:	CT Corporation System >	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Fine Island Road	
<u> </u>	Plantation FT 33324	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
(Signature of a member or authorized representative of a member)		
Florence Merceron (Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the pream familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified CT Corporation System Sohan R. Dindyal	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby	
(Signature of Registered Agent) Assistant Secretary	•	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00