

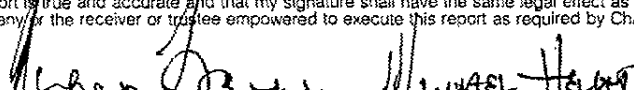


FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000002724		Secretary of State	
1. Entity Name MIDDLE SUNRISE, LLC			
Principal Place of Business C/O DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, STE. 2001 FORT LAUDERDALE, FL 33394		Mailing Address C/O DBR ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, STE. 2001 FORT LAUDERDALE, FL 33394	
DO NOT WRITE IN THIS SPACE			
		01172007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-2318098	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, DAVID G 1401 E. BROWARD BLVD. #200 FORT LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		U000000003364 01/23/07-80010-017 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
MGRM HECHT, MICHAEL TRUSTEE 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MGRM KLAUSNER, JEFFREY TRUSTEE 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1-19-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			