2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# L05000035584

Entity Name: FBMR LLC

Current Principal Place of Business:

C/O UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

C/O UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

New Mailing Address:

320 GRANT AVENUE
WOODMERE, NY 11598

FEI Number: 20-3125714 **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:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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/MANAGERS:

Title: MGRM ( ) Delete
Name: LORBER, MARK
Address: 20 MICHAEL DRIVE
City-St-Zip: SCARSDALE, NY 10583

Title: MGRM ( ) Delete
Name: KAUFMAN, ROBERT
Address: 320 GRANT AVENUE
City-St-Zip: WOODMERE, NY 11598

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 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: ROBERT KAUFMAN MGRM 07/19/2007

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