L07000039734

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

CG MIAMI HOLDINGS II, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000039734

1. Entity Name
CG MIAMI HOLDINGS II, LLC

Principal Place of Business	Mailing Address
C/O BRACK CAPITAL REAL ESTATE 885 THIRD AVENUE, 27TH FLOOR NEW YORK, NY 10022	C/O BRACK CAPITAL REAL ESTATE 885 THIRD AVENUE, 27TH FLOOR NEW YORK, NY 10022
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

12122006 REIN-LLC CR2E101 (11/05)

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] DAVE NICKELSEN, ASST V.P. 4/4/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AZOGUI, MOSHE 885 THIRD AVENUE, 27TH FLOOR NEW YORK, NY 10022 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marathon ICE 2005 LLC c/o Marathon Real Estate Opportunity Fund, LLC 461 Fifth Avenue, 14th Floor ~~New York, NY 10017~~ [X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Attention: David C. Friedman ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT RLH ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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: [signature] Jon L. Halpern, Manager April 4, 2007 (212)381-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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