

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90135 046 ***138.75

DOCUMENT # L05000041021 1. Entity Name 750 COLLINS, LC			
Principal Place of Business 747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139-USA		Mailing Address 747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139-USA	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Cliff Robert A. Spiegelman 1400 Broadway, 15th FL. City & State New York, NY Zip Country 10018 USA	
6. Name and Address of Current Registered Agent FOLLAND & ASSOCIATES, LC 747 4TH STREET SUITE #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Bekkevold, Ralph B. Esq. Street Address (P.O. Box Number is Not Acceptable) Greenberg Traurig, P.A. 1221 Brickell Avenue City Miami State FL Zip Code 33131	
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 DATE 2/7/08 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ROUSSEAU, YARON D 747 4TH STREET, SUITE #200A MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NAKASH 750 COLLINS AVENUE LLC 1400 BROADWAY NEW YORK, NY 10018	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 609, Florida Statutes.			
SIGNATURE: DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

60010379



01312008 Chg-LLC CR2E083 (12/06)

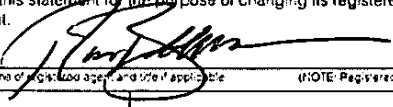
4. FEI Number
20-2767299 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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ATTACHMENT

60010379

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Robert A. Spiegelman Suite, Apt. #, etc. 1400 Broadway, 15th FL. City & State New York, NY Zip 10018 Country USA	
Suite, Apt. #, etc.		4. FEI Number 01312008 Chg-LLC CR2E083 (12/06) 20-2767299	
City & State		Applied For Not Applicable	
Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLLAND & ASSOCIATES, LC 747 4TH STREET SUITE #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Bekkevold, Ralph B. Esq. Street Address (P.O. Box Number is Not Acceptable) Greenberg Traurig, P.A. 1221 Brickell Avenue City Miami FL Zip Code 33131	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			