

LOS000046778

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LIMITED LIABILITY REINSTATEMENT

CG MIAMI HOLDINGS III, LLC

Certificate of Status	1
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Estimated Charge	\$205.00

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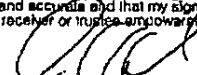
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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000046778			
1. Entity Name CG MIAMI HOLDINGS III, LLC			
Principal Place of Business C/O BRACK CAPITAL REAL ESTATE 885 THIRD AVE., 27TH FLOOR NEW YORK, NY 10022		Mailing Address C/O BRACK CAPITAL REAL ESTATE 885 THIRD AVE., 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
12122008		REIN-LLC CR2E101 (11/05)	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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  DAVE NICKELSEN, ASST. V.P.		DATE 4/4/2007	
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 ☒ Change ☐ Addition c/o Marathon Real Estate Opportunity Fund, LLC 461 Fifth Avenue, 14th Floor New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Attention: David G. 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	☐ 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
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 808, Florida Statutes.			
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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