

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 17, 2006
Secretary of State**

DOCUMENT# L05000050733

Entity Name: MIDTOWN 4 H809, LLC

Current Principal Place of Business:

7419 WEST BLVD
INGLEWOOD, CA 90305

New Principal Place of Business:

Current Mailing Address:

7419 WEST BLVD
INGLEWOOD, CA 90305

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

STRONG, ERIC I
2700 NE 22ND COURT
POMPANO BEACH, FL 33062 US

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: ERIC STRONG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: STRONG, ERIC I
Address: 7419 WEST BLVD
City-St-Zip: INGLEWOOD, CA 90305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MNG () Change (X) Addition
Name: STAHL, PETER
Address: 1487 WESLEY PLACE
City-St-Zip: WANTAGH, NY 11793

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MNG () Change (X) Addition
Name: FISCH, SHELDON
Address: 329 WEST 101 ST. STREET
City-St-Zip: NEW YORK, NY 10025

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC STRONG

MNG

11/17/2006

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