

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000003078

FILED
Oct 05, 2007
Secretary of State

Entity Name: LOT 8 GREENWAY CROSSINGS, LLC

Current Principal Place of Business:

470 SEVENTH AVENUE, 2ND FLOOR
NEW YORK, NY 10018

New Principal Place of Business:

Current Mailing Address:

470 SEVENTH AVENUE, 2ND FLOOR
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 20-4114982 **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:

Name and Address of New Registered Agent:

CIKLIN, ALAN J
BOOSE CASEY CIKLIN BOOSE CASEY ET AL
515 NORTH FLAGLER DRIVE, 17TH FLOOR
WEST PALM BEACH, FL 33401 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: BOOSE CASEY CIKLIN BOOSE CASEY ET AL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SHER, RICHARD
Address: 470 SEVENTH AVENUE, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10018

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

Title: MGRM () Delete
Name: SHER, LUCINDA C
Address: 470 SEVENTH AVENUE, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10018

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: RICHARD SHER

MR.

10/05/2007

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