

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027817

Entity Name: MF W CONDO 630(L), LLC

FILED
Sep 17, 2008
Secretary of State

Current Principal Place of Business:

390 PARK AVENUE, 3RD FLOOR
C/O RFR HOLDING, LLC
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

390 PARK AVENUE, 3RD FLOOR
C/O RFR HOLDING, LLC
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 20-4569485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUCHS, MICHAEL
Address: 390 PARK AVE 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: HERMAN, PHILIP
Address: 390 PARK AVE 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: DADY, ROBERT E
Address: 201 ALHAMBRA CIR 601
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HANDELMAN, ALAN
Address: 390 PARK AVE 3RD FL
City-St-Zip: NEW YORK, NY 10022

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: ROBERT E. DADY

MGR

09/17/2008

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