2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 13, 2007 8:00 am
Secretary of State

05-18-2007 90222 009 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000028492

1. Entity Name

MF W CONDO 1628(K), LLC

Principal Place of Business	Mailing Address
390 PARK AVENUE, 3RD FLOOR C/O RFR HOLDING, LLC NEW YORK NY 10022	390 PARK AVENUE, 3RD FLOOR C/O RFR HOLDING, LLC NEW YORK NY 10022

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4568872 — 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
DADY, ROBERT E ESQ. 201 ALHAMBRA CIR. SUITE 601 CORLA GABLES FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MICHAEL FUCHS STREET ADDRESS 390 PARK AVE 3rd fl CITY-ST-ZIP NEW YORK N.Y 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AMGR NAME HERMAN, PHILIP STREET ADDRESS 390 PARK AVE 3rd fl CITY-ST-ZIP NEW YORK N.Y 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AMGR NAME DADY, ROBERT E STREET ADDRESS 201 ALHAMBRA CIRCLE #601 CITY-ST-ZIP CORAL GABLES FL 33134		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 Section 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 608, Florida Statutes.

SIGNATURE: _____ 5-1-07 212-308-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #