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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

MF W CONDO 1628(K), LLC

Certificate of Status	0
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Helps Ny 28

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

in the State of Florida.	
1. Name of the limited liability company: MF W CONDO 16	28(K), LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	390 PARK AVENUE, 3RD FLOOR
	C/O RFR HOLDING, LLC
	NEW YORK NY 10022
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SION OF STANCE
	<u> </u>
•	
3/16/2006	L06000028492 4. Document number records of the Florida Dept. of State:
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown on the Registered Agent: 	4. Document number records of the Florida Dept. of State: DADY ROBERT E
Registered Office Address:	201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES/FL/33134
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca confirmed that the change(s) was/were authorized by an afficompany or as otherwise provided in the articles of organizability company. (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is hereby irmative vote of the members of the limited liability
Florence Merceron	·
(Finited or typed name of signée) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the production familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified CT Corporation System Sohan R. Dindyal	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby
(Signature of Registered Agent) Divis Assistant Secretary, Box	6327. Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)