

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033949

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: GANSEVOORT SOUTH, LLC

## Current Principal Place of Business:

C/O CHETRIT GROUP  
404 FIFTH AVENUE  
NEW YORK, NY 10018 US

## Current Mailing Address:

C/O CHETRIT GROUP  
404 FIFTH AVENUE  
NEW YORK, NY 10018 US

## New Principal Place of Business:

C/O SANDY LANE RESIDENTIAL LLC  
2399 COLLINS AVENUE  
MIAMI, FL, FL 33139 US

## New Mailing Address:

C/O SANDY LANE RESIDENTIAL LLC  
2399 COLLINS AVENUE  
MIAMI BEACH, FL 33139 US

FEI Number: FEI Number Applied For (X) 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:

LIEBER, OREN ESQ.  
555 NE 15TH STREET  
SUITE 100  
MIAMI, FL 33132 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: MGRM ( ) Delete  
Name: SANDY LANE RESIDENTI, AL LLC  
Address: 404 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10018

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SANDY LANE RESIDENTI, AL LLC  
Address: 2399 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: MURRAY KOSSMAN

MGR

07/17/2007

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