2008 LIMITED LIABILITY COMPANY

FILED Mar 10, 2008 8:00 am Secretary of State

	***********				02-04-2008 90135 020 ***138.75			
DOCUMENT # L07000103627 1. Entity Name VIA LINDA INVESTORS, L.L.C.						UZ-U4-ZUU8	3 90133 020 ** · ·	138./3
Principal Plac	ce of Business		<u> </u>	1.	300	01670		
1	RT L. FROMER	Mailing Address ATTN: ROBERT L. FRO	ATTN: ROBERT L. FROMER			900	AATALA	
	ON AVENUE, 16TH FLOOR	488 MADISON AVENUE, 16TH FLOOR						
NEW YORK, NY 10022 US NEW YORK, NY 10022 US					11000000			HATI III II OL
Principal Place of Business - No P.O. Box # 3. Mailing Address								
	3. Mailing Address				 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	- 0	CR2E083 (12/06)		
City & State		City & State			4. FEI Num 41- 2	256119		pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired	□ \$5.00 Ad Fee Require	ditional ed
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New R	egistered Agent	
ממטחע ב	3ABEBT			Name				
BRODY, ROBERT 1601 FORUM PLACE 1101				Street Address (P.O. Box Number is Not Acceptable)				
WEST PA							:	
				City	FL Zip Code			
	The above named entity submits this statement for the purpose of changing its registered office or register.					oth, in the State of Flo	rida. I am familiar with,	and accept
the obligations of registered agent.								
SIGNATURE								
	Signature, typed or printed name of registered ager	st and title if applicable. (NOT	E: Registere	d Agent signatura require	J when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							n check payable to Department of Stat	•
9.	MANAGING MEME	L BERS/MANAGERS	10.			ADDITIONS/	CHANGES	
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NAME	FROMER, ROBERT L		NAM	• ,			[] o.a	LJ Musson
STREET ADDRESS	488 MADISON AVENUE, 16TH	FLOOR	•					
CITY-ST-ZIP .	NEW YORK, NY 10022		СПУ	-ST-ZIP				
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STREET ADDRESS	1		STRE	et address				i
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11. I hereby	certify that the information supplied wit	th this filing does not quality fo	r the exe	mptions contained	in Chapter 119	, Florida Statutes. I fur	ther certify that the info	rmation
indicated limited lia	f on this report is true and accurate and ability company or the receiver or truste	a that my signature shall have se empowered to execute this	the same report as	e legal effect as if n required by Chap	nade under oat ter 608, Florida	h; that I am a managi Statutes.	ing member or manage	r of the
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1/26/202 561-575-4771								