

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L98000003399

FILED
Nov 20, 2008
Secretary of State**Entity Name:** MANDALAY POINT, LLC**Current Principal Place of Business:**205 ROYAL PALM WAY
PALM BEACH, FL 33480 US**New Principal Place of Business:****Current Mailing Address:**205 ROYAL PALM WAY
PALM BEACH, FL 33480 US**New Mailing Address:**885 THIRD AVENUE
C/O MICHAEL SCALERA
NEW YORK, NY 10022 US**FEI Number:** 52-2136489**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BETSY MAY C/O J.P. MORGAN CHASE BANK, N.A.
205 ROYAL PALM WAY
PALM BEACH, FL 33480 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:** M () Delete
Name: J.P. MORGAN CHASE BA, NK, N.A., AS T R USTEE
Address: 205 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MEMB (X) Change () Addition
Name: J.P. MORGAN CHASE BA, NK, N.A., AS T R USTEE
Address: 205 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480 US**Title:** MGR () Change (X) Addition
Name: SCALERA, MICHAEL
Address: 885 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10022 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: J.P. MORGAN CHASE BANK, N.A., AS TRUSTEE

MEMB

11/20/2008

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