



FILED
May 25, 2006 08:00 AM
Secretary of State

<div style="border: 1px solid black; padding: 5px;">DOCUMENT # M00000001538 1. Entity Name 1864 17TH STREET, SARASOTA, FLORIDA, LLC</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Principal Place of Business C/O URBAN AMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004</div><div style="width: 45%;">Mailing Address C/O URBAN AMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004</div></div></div>		<div style="text-align: right; font-weight: bold;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">05162006 No Chg-LLCCR2E083 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 80%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4. FEI Number 13-4129488</div><div style="border: 1px solid black; padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/></div></div><div style="width: 15%; text-align: center; border: 1px solid black; padding: 2px;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Applied For</div><div style="border-bottom: 1px solid black;">Not Applicable</div></div></div> <div style="text-align: right; margin-top: 10px;">\$5.00 Additional Fee Required</div>
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DO NOT WRITE IN THIS SPACE																									
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE																								
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 _____																									
Filing Fee is \$50.00 Due by September 6, 2006																									
9. MANAGING MEMBERS/MANAGERS				--	--		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1864 17TH STREET SARASOTA FLORIDA MM, LLC 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004		TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE U000000566130 05/25/06-80006-011 55.00
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes. SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																									