

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90015 038 ****50.00

0070221

DOCUMENT # M02000000036

1. Entity Name

1001 EAST PALM LLC



Principal Place of Business

Mailing Address

~~9100 SMOKETREE COURT~~ ~~SUITE 600~~ ~~RALEIGH NC 27604~~ **1114 AVENUE OF THE AMERICAS, 27TH FL** ~~8100 SMOKETREE COURT~~ ~~SUITE 600~~ ~~RALEIGH NC 27604~~ **Same**
NEW YORK, NY 10036

2. Principal Place of Business

1114 Avenue of the Americas

3. Mailing Address

Same

Suite, Apt. #, etc.

27th Floor

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

10036

Country

Zip

Country

4. FEI Number

90-000842

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	HIGHWOOD/FLORIDA HOLDINGS, L.P.	3100 SMOKETREE COURT	RALEIGH NC 27604	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Managing Member	SFT II, Inc.	1114 Avenue of the Americas, 27th Floor	New York, NY 10036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

Geoffrey M. Dugan, Senior Vice President of SFT II, Inc., Managing Member

SIGNATURE:

Geoffrey M. Dugan

4/24/03

(415) 391-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2083 (10/02)