

M02000000083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 209369 5024449  
AUTHORIZATION : *Patricia P...*  
COST LIMIT : \$ 25.00

ORDER DATE : February 16, 2005

ORDER TIME : 9:54 AM

ORDER NO. : 209369-005

CUSTOMER NO: 5024449

CUSTOMER: Aaron J. Guth  
Lehman Brothers  
11th Floor  
399 Park Avenue  
New York, NY 10022

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FOREIGN FILINGS

NAME: LB SOUTH BEACH LLC

XXX\_\_ PROFIT  
\_\_\_\_ NON-PROFIT

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: \_\_\_\_\_

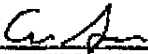
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: LB SOUTH BEACH LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 01/10/2002

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: sole member is LB SOUTH BEACH MANAGER LLC \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of a member or the authorized  
representative of a member

Aaron Guth, authorized representative  
Typed or printed name of signer

Filing Fee: \$25.00

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