

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000001484

FILED
Nov 08, 2004
Secretary of State

Entity Name: AB GREEN LIDO OPERATOR, LLC

Current Principal Place of Business:

C/O THE RALEIGH HOTEL
40 ISLAND AVENUE
MIAMI, FL 33139

New Principal Place of Business:

C/O THE STANDARD, MIAMI
40 ISLAND AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

C/O THE RALEIGH HOTEL
40 ISLAND AVENUE
MIAMI, FL 33139

New Mailing Address:

C/O HOTELSAB, LLC
295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012

FEI Number: 01-0749158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM () Delete
Name: AB GREEN LIDO, LLC,
Address: 50 NORTH WATER STREET
City-St-Zip: SOUTH NORWALK, C5 06854

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AB GREEN, LLC,
Address: 295 LAFAYETTE STREET, SUITE 708
City-St-Zip: NEW YORK, NY 10012

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW E. ZOBLER

SVP

11/08/2004

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