LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 1:01

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DOCUMENT # M03000002950

1. Entity Name

FRF 39, LLC

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2. Principal Place of Business	3. Mailing Address
445 Broad Hollow Road	114 West 47th Street
Suite, Apt. #, etc. Suite 239	Suite, Apt. #, etc. Suite 1715
City & State Melville, New York	City & State New York, NY
Zip 11747	Zip 10036
County Suffolk	Country Suffolk

4. FEI Number
74-3103138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
LexisNexis Document Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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 _____ 4/28/04
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $30.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	
NAME	Michelle Moezzi
STREET ADDRESS	Manager
CITY-ST-ZIP	114 West 47th Street, Suite 1715 New York, NY 10036
TITLE	
NAME	Christopher T. Burt
STREET ADDRESS	Manager
CITY-ST-ZIP	114 West 47th Street, Suite 1715 New York, NY 10036
TITLE	
NAME	Tony Wong
STREET ADDRESS	Manager
CITY-ST-ZIP	445 Broad Hollow Road, Suite 239 Melville, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E063B (12/02)

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 605, Florida Statutes.

SIGNATURE: _____ Michelle Moezzi, Manager — 4/28/04 — 212.302.5151x20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 04-29-04

NAME: DOMOTECH LLC

TYPE OF FILING: 2004 UBR

COST: $50

RETURN:

ACCOUNT: FCA000000015 PD Hodge

AUTHORIZATION: ABBIE/PAUL HODGE