2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M04000002468



FILED Apr 24, 2008 8:00 am Secretary of State

1. Entity Name GRAND HARBOR MANAGEMENT LLC					04-24-2008 90011 027 ***138.75				
Principal Place of Business 3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960		Mailing Address C/O AMERICAN REAL ESTATE HOLDINGS L.P. 445 HAMILTON AVENUE, SUITE 1210 WHITE PLAINS, NY 10601			- . .	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	: 		
2. Principal Place of Business - No P.O. Box # 4755 South Harbor Dr		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E0	83 (12/06)		
Vero Beach, FL		City & State			4. FEI Numb			 	oplied For ot Applicable
32967 Country USA		Zip Count		ry	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	stered Agent Name			d Address of New F	Registered A	gent	
CORPORATION SERVICE COMPANY			ļ						
1201 HAYS	S STREET SSEE, FL 32301-2525	Street Ad		Street Address (P.O. Box Numb	per is Not Acceptable	e)		
				City			FL	Zip Cod	<u>-</u> -
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 \$138.75 After May 1, 2008 Fee will be \$538.75							e check pa a Departme	•	e
9.	MANAGING MEMBER	IRS/MANAGERS	10.		·····	ADDITIONS,	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERO BEACH ACQUISITION LLC 445 HAMILTON AVENUE, SUITE WHITE PLAINS, NY 10601			T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		☐ Delete		T ADDRESS : ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP				Change	Addition
indicated	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	hat mv signature shali have t	he same	lenal attact as if m	nade under oat	n, that I am a manac	urther certify ging membe	that the info r or manage	rmation er of the