2007 LIMITED LIABILITY COMPANY

Feb 26, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M04000005651** 02-26-2007 90310 033 ****50.00 1. Entity Name **FSM GARAGE LLC** Principal Place of Business Mailing Address **20**005368 C/O MILLENNIUM PARTNERS C/O MILLENNIUM PARTNERS 1995 BROADWAY, 3RD FLOOR 1995 BROADWAY, 3RD FLOOR NEW YORK, NY 10022 NEW YORK, NY 10022 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 20-2026834 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156 City 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. 1 am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGR ☐ Delete TITLE Change Change Addition MCAF Miami Holding CO II LLC TB HOLDING CO. II LLC NAME NAME 1995 BROADWAY, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 step empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRIN

11. I hereby certify that the information si indicated on this report is true an limited liability company or the re

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SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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	6. Name	and Address of Current	Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent		
	TH DADE	TE SERVICES, INC. LAND BLVD., SUITE	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, typeo	d or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requir		DATE	The state of the state of
		is \$50.00 y 1, 2007				ja florida	check payable Department of S	
9.	MGR	MANAGING MEMBE	RS/MANAGERS	10.	c	ADDITIONS/	CHANGES ☑ Char	ige
NAME TB HOLDING CO. II LLC STREET ADDRESS 1995 BROADWAY, 3RD FLOOR CITY-ST-ZIP NEW YORK, NY 10022			NAM Stri		EET ADDRESS '-ST-ZIP	4F Miami Holding CO II L	L.C.	ge Audinoii
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Chai	nge Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 this tea empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #								