## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## Secretary of State **DOCUMENT # M04000005653** 02-15-2007 90277 031 \*\*\*\*50.00 1. Entity Name **FSM OFFICE LLC** Principal Place of Business Mailing Address 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. 02072007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-2026880 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 FL 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Addition TITLE MGR TITLE Change ☐ Delete MCAF Miami Holding Co LLC TB HOLDING CO. II LLC NAME NAME STREET ADDRESS 1995 BROADWAY, 3RD FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information indicated on this report is true and oppled with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information course 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 very of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the res

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Davtime Phone #

FILED Feb 15, 2007 8:00 am

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DOCUMENT # M0400000  1. Entity Name FSM OFFICE LLC	6653 PY				ለ <del>ተት</del> ለ <u>ሶ</u>	)	<b>4</b>	
Principal Place of Business Mailing Address C/O MILLENNIUM PARTNERS C/O MILLENNIUM PARTN 1995 BROADWAY, 3RD FLOOR 1995 BROADWAY, 3RD NEW YORK, NY 10022 NEW YORK, NY 10022		FLOOR			ATTAC			•
Principal Place of Business - No P.O. Box #     Address			# 600158				70	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	etc.			Chg-LLC	CR2E0	83 (12/06)	
City & State	City & State			4. FEI Number 20-2020				
Zip Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156				(P.O. Box Numbe	er is Not Acceptable	1)		
			City	FL Zip Code				
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	registere	d office or register	red agent, or bot	h, in the State of Flo	rida. I am	lamiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							ayable to ent of State	
9. MANAGING MEMB	ERS/MANAGERS	10.		<del>-</del>	ADDITIONS	CHANGES	<u> </u>	
NAME TB HOLDING CO. II LLC STREET ADDRESS CHY-ST-ZIP NEW YORK, NY 10022	☐ Delete			AF Miami	Holding Co 1	LC	⊠ Change	Addition
TITLE NAAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		ì				☐ Change	Addition
I hereby certify that the information tuppled with indicated on this report is true and accounte and limited liability company or the reserver of truster.	that my signature shall have	the same	e legal effect as if i	made under oat!	n; that I am a manag	urther certif ging memb	y that the info er or manage	rmation or of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME	DE SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRES	SENTATIVE	Date		Daytime Phone #	