

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000001551

FILED
Oct 09, 2007
Secretary of State

Entity Name: DOWNTOWN MIAMI DEVELOPMENT LLC

Current Principal Place of Business:

551 FIFTH AVENUE, 34TH FLOOR
NEW YORK, NY 10176

New Principal Place of Business:

C/O ARGENT VENTURES
551 FIFTH AVE 34TH FLOOR
NEW YORK, NY 10176

Current Mailing Address:

551 FIFTH AVENUE, 34TH FLOOR
NEW YORK, NY 10176

New Mailing Address:

C/O ARGENT VENTURES
551 FIFTH AVE 34TH FLOOR
NEW YORK, NY 10176

FEI Number: 20-2553136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: JANE S. KRAYER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DOWNTOWN MIAMI OPERA, TING MANAGER L L C
Address: 551 FIFTH AVENUE, 34TH FLOOR
City-St-Zip: WILMINGTON, DE 19801

Title: MGR (X) Change () Addition
Name: DOWNTOWN MIAMI OPERA, TING MANAGER L L C
Address: 551 FIFTH AVENUE, 34TH FLOOR
City-St-Zip: NEW YORK, NY 10176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 S. PENSON

MGR

10/09/2007

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