

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000004337

Entity Name: EMBASSY RETAIL, LLC

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

280 PARK AVENUE, 36-W
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

280 PARK AVENUE, 36-W
NEW YORK, NY 10017

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: JILL CILMI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRASER, JOHN R
Address: 280 PARK AVENUE, 36-W
City-St-Zip: NEW YORK, NY 10017

Title: MGRM () Delete
Name: DRACOS, F. JONATHAN
Address: 280 PARK AVENUE, 36-W
City-St-Zip: NEW YORK, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: MOODY, JOEL A
Address: 280 PARK AVENUE 36W
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL A MOODY

MGMR

10/05/2006

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