2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006024

1. Enlity Name FEIGA/DRIFTWOOD LLC



Principal Place of Business

C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021 Mailing Address

C/O CLK MANAGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021

FILED Apr 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

.

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 DO NOT WRITE IN THIS SPACE

| | | | The state of the s |
|---|--|--|--|
| 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 NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000917921 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | ua,auua, uzz 138.6 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FEIGA PARTNERS II, L.P. 9 PARK PLACE GREAT NECK, NY 11021 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | DO NOT | WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CHY-ST-719 | | | |

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 truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

URE: County Signature and typed on printed name of signin

CRAIG KOEN IGS BORG

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/08

516-466-9480

Daytime Phor