

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# M06000000007

Entity Name: FMSC LEASEHOLD LLC

Current Principal Place of Business:

11900 BISCAYNE BOULEVARD, SUITE 301
MIAMI, FL 33181

New Principal Place of Business:

1680 MICHIGAN AVENUE
736
MIAMI BEACH, FL 33139

Current Mailing Address:

11900 BISCAYNE BOULEVARD, SUITE 301
MIAMI, FL 33181

New Mailing Address:

1680 MICHIGAN AVENUE
736
MIAMI BEACH, FL 33139

FEI Number: 20-1420180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: WAYNE RAFANELLI, VP

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLEIN, AVI
Address: 11900 BISCAYNE BOULEVARD, SUITE 301
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KLEIN, AVI
Address: 1680 MICHIGAN AVENUE, SUITE 736
City-St-Zip: MIAMI BEACH, FL 33139

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: AVI KLEIN

MGR

01/22/2007

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