## M060000000235

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			
Office Use Only			
V			



100064272221







ACCOUNT NO. : 072100000032

REFERENCE : 837093

4321791

AUTHORIZATION

COST LIMIT

ORDER DATE: January 27, 2006

ORDER TIME : 11:48 AM

ORDER NO. : 837093-005

CUSTOMER NO: 4321791

## FOREIGN FILINGS

NAME:

CUTLER VISTA PRESERVATION

GP II, LLC

XXX LLC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	SECTION I (1-3 must be completed)	
1.	Name of limited liability company as it appears on the records of the Florida Department of State: Cutler Vista Preservation GP II, LLC  Jurisdiction of its organization: Delaware	M
2.	Jurisdiction of its organization: Delaware	
3.	Date authorized to do business in Florida: January 13, 2006	<b>&gt;</b>
	SECTION II (4-7 complete only the applicable changes)	
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?	- :
5.	New name of the limited liability company:	2
6.	If the amendment changes the period of duration, indicate new period of duration:	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	- , -
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction: The name and usual business address of the sole member	
is	s: RAP FL 3, LLC, 60 Columbus Circle, New York, NY 10023	-
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	***************************************
	ruhar	
	Signature of a member or the authorized representative of a member	***

Michael H. Orbison, Authorized Representative

Typed or printed name of signce

Filing Fee: \$25.00