

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000007065

FILED  
Dec 02, 2008  
Secretary of State

Entity Name: MADISON ONE ASSOCIATES, LLC

**Current Principal Place of Business:**

680 FIFTH AVE 25TH FLOOR  
NEW YORK, NY 10019

**New Principal Place of Business:**

**Current Mailing Address:**

680 FIFTH AVE 25TH FLOOR  
NEW YORK, NY 10019

**New Mailing Address:**

FEI Number: 20-5881134      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:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE 4  
WESTON, FL 33331      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: PATRICIA TORRES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SIEGEL, JOSHUA A  
Address: 444 MADISON AVE 23RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: MGRM      ( ) Delete  
Name: MCTERNAN, LAWRENCE J  
Address: 444 MADISON AVE 23RD FL  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

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

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

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: LAWRENCE J MCTERNAN

MGRM

12/02/2008

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