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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Replacement GP LLC

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April 23, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: REPLACEMENT GP LLC

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P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LUBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Replacement GP LL	C		
	(Name of Foreign Limit	and Liability Company)	
New York		3. 41-2173444	
(Jurisdiction under the company is organized	e law of which foreign limited liabili)	ity (FEI number,	If applicable)
April 15, 2005		5. Perpetual	- N
(LAICE	(Date of Organization) (Duration: Year limited liability company will cause to exist or "perpetual")		to the company with care of
	·		
	(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)	2007 SEC!
3592 Route 55, Kaur	oenga Lake, NY 12749 o/o Richman	Asset Managment, Inc., 340 Pemb	
Greenwich, CT 0683	1		A 2 (SS)
•	(Street Addr	rees of Principal Office)	E O
If limited liability	company is a manager-manag	ged company, check here	A 9: F STA FLOR
The name and us	ual business addresses of the n	nanaging members or manage	
Brian P. Myers, Me			
340 Pemberwick R	ted		9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Greenwich, CT 068	31		
tody of records in the n a foreign langus	inal certificate of existence, no mo te jurisdiction under the law of wh ge, a translation of the certific as or purposes to be conducted	nich it is organized. (A photocopeate under oath of the translate	y is not acceptable. If the cert or must be submitted.)
	del		
	199		
	(In accordance with section 608.408(3	authorized representative of:), F.S., the execution of this document perjury that the facts stated herein are to	constitutes
	Brian P. Myers, Manager	hander's sime nin terret treated treaters and n	ere.
	Typed or prin	ted name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

CT Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation, Florids 33324 City/State/Zip aving been named as registered agent and to accept service of process for the above stated itmined	and office sit:	The name and the Florida street address of the registered agen
Plantation, Florida 33324 City/State/Zip Application and to accept service of process for the above stated limited		C T Corporation System
Plantation, Florida 33324 City/State/Zip aving been named as registered agent and to accept service of process for the above stated itmited	21 TAL	
Plantation, Florids 33324 City/State/Zip aving been named as registered agent and to accept service of process for the above stated itmited	L CALLER	1200 South Pine Island Road
City/State/Zip City/State/Zip aving been named as registered agent and to accept service of process for the above stated limited	PTABLE)	Florida Street Address (P.O. Box NOT Acc
aving been named as registered agent and to accept service of process for the above stated limited	858E	
tving been named as registered agent and to accept service of process for the above stated itmited	F S S S S S S S S S S S S S S S S S S S	City/State/Zip
DILLIV CONTIDUES OF THE THREE GREENMITER OF THIS CONTIDENTS (SUPPORT) ACCOUNT THE ADDICATION OF ADDICATION OF	ess for the above stated limited	wing been named as registered agent and to accept service of probling to the place designated in this continues. Thereby
ibility company at the place designated in this certificate, I hereby accept the appointment as register tent and agree to act in this capacity. I further agree to comply with the provisions of all statutes lating to the proper and complete performance of my duties, and I am familiar with and accept the ligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	h the provisions of all statutes am familiar with and accept the	ent and agree to act in this capacity. I further agree to comply w ating to the proper and complete performance of my duties, and i

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that REPLACEMENT GP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/15/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of April two thousand and seven.

Daniel Shapiro

A CONTRACT OF THE CONTRACT OF

Special Deputy Secretary of State

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