2008 LIMITED LIABILITY COMPANY

Mar 20, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # M07000003549** Mailing Address 7 Principal Place of Business 360 LEXINGTON AVE., 8TH FLOOR 360 LEXINGTON AVE., 8TH FLOOR NEW YORK, NY 10017 NEW YORK, NY 10017 CR2E083 (12/07) 01222008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2055411 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE SERVICE BUREAU INC. DO NOT WRITE 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 IN THIS SPACE 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE WEINSTEIN, MICHAEL NAME STREET ADDRESS 20 CHAUNCEY PLACE CHTY-ST-ZIP WOODBURY, NY 11797 MGRM WEINSTEIN, STEVEN NAME STREET ADDRESS 118 THE CRESCENT CITY-ST-ZIP ROSLYN HEIGHTS, NY 11577 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1111 F NAML STREET ADDRESS

FILED

(631) 777-2700 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME EMBER, ON AUTHORIZED REPRESENTATIVE

11. Thereby certify that the information supplied with this filling 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 it 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.

CITY-ST-ZIP