# M940000000479

CR2E031 (1-89)

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C T Corporation System		1/30	~s _	
Requestor's Name 660 East Jefferson Street		`	<b>4000030017</b> -09/30/99010	<b>74</b> : 162012
Address Tallahassee, FL 32301 (	850) 222–1092		*****35.00 * <b>4000030017</b> -09/30/99010	****35.0
City State Zip	Phone	•	******8.75 *	*****8.7
CORPORATION	ON(S) NAME			
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			SEP 3	
Noube	rger Berman.	LLC	M96-439	
			ω. 	STAT ATI
()Profit ()NonProfit ⋈ Limited Liability Compa	() Amendme	nt	_ မ္ဘ () Merger	OKS -
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( ) Limited Partnership ( ) Reinstatement	() Annual Re () Reservatio		() Other  Change of R.  ( ) Fictitious	
Certified Copy	() Photo Cop	oies	() CUS / G/S	
() Call When Ready  Walk In	() Call if Prob () Will Wait	olem	() Āfter 4:30 ● Pick Up	
() Mail Out			<u> </u>	-
Name Availability <b>NJH</b> Document	9/30	PL	FASE RETURN EXTRA CO	PY(S)
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Updater Verifier		TH.	ANK YOU! GONNIE B	O
Acknowledgment			0,	
M.D. Mariffan			_	



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 1, 1999

CT CORPORATION SYSTEM ATTN; CONNIE BRYAN

SUBJECT: NEUBERGER BERMAN, LLC

Ref. Number: M96000000479

We have received your document for NEUBERGER BERMAN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for a Certified Copy is \$52.50.

There is a balance due of \$43.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 899A00047784

#### Florida Department of State, Sandra B. Mortham, Secretary of State

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	-	ections 608.416 or 608 Ier the laws of the State (		t, the under.	signed limited
	owing statement	in order to change its re	=	giste <u>re</u> d age	ent, or both, in
1a. The name o	f the limited liab	oility company is: Neube	rger Berman, LLC	-	
lb. The mailing	g address of the l	imited liability company	is: 605 Third Ave	nue, New Y	ork, New
1c. Date of filir	ıg/registration ir	1 Florida: <u>12/02/96</u>	Document numb	er: <u>M96000</u>	000479
	d address of the	current registered agent a	and office:	<u>-</u> -	99 SEP
		t, Suite 105, Tallah	assee,	 	30 P
<u>F1</u>	orida 32301		· -		OF STATI
3. The name and	d address of the	new registered agent and	office: (P.O. BOX N	OT ACCEP	TABLE)
	CT CORPORATIO	N SYSTEM		-	
	1200 South Pi	ne Island Road	<del> </del>	. =	
<u>:</u>	Plantation, Fl	L 33324		<u>.</u>	
of the registered Such change was company or as company.  (Signatur	agent will be ide s authorized by	nade, the street address of entical.  affirmative vote of a majuration articles of organization	ority of the members	of the limit of the limit	ted liability ted liability
	DOLPH MEMBE	R	-	=:	
Having been n limited liabilit in this capacit proper and con	y company, I hei 'y. I further agi	ered agent and to accept reby accept the appointn ree to comply with the p nce of my duties, and I ar gent.	ient as registered ag provisions of all sta	ent and agre tutes relativ	ee to act e to the
CT CORPORATIO	on system	CONNIE BRYAN SPECIAL ASSISTANT SE		7130 199	
(Signature	e of Registered Agent)		(Dat	<u> </u>	
	Division of Cor	rporations, P.O. Box 632	z/, Taliahassee, FL	<i>323</i> 14	

**FILING FEE: \$35.00** 

INHS18(3/95)

- 6/23/98)

## M94000000479

<b>Document Num</b>	iber Only
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CR2E031 (1-89)

C T Corporation System Requestor's Name 400003001774--9 -09/30/99--01062--012 660 East Jefferson Street \*\*\*\*\*35.00 \*\*\*\*\*35.00 400003001774-9 -09/30/93--01062--013 Address Tallahassee, FL 32301 (850) 222-1092 Zip Phone City State \*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75 CORPORATION(S) NAME Neuberger Berman () Profit () Merger () Amendment () NonProfit Limited Liability Company () Dissolution/Withdrawal () Mark ( ) Foreign () Other () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement ( ) Fictitious Name () CUS / G/S () Photo Copies Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up () Will Wait Walk in () Mail Out PLEASE RETURN EXTRA COP Name MJH Availability 9/30 FILE STAMPED Document Examiner THANK YOU! Updater Verifler Acknowledgment W.P. Verifier



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 1, 1999

CT CORPORATION SYSTEM ATTN; CONNIE BRYAN

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Ref. Number: M96000000479

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Letter Number: 899A00047784

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## Florida Department of State, Sandra B. Mortham, Secretary of State STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to t	the provisions of se	ections 608.416 or 608.5	08, Florida Statua	tes, the under	rsigned limited
liability comp submits the fo the State of F	ollowing statement i	er the laws of the State o in order to change its re	gistered office or	registered ag	ent, or both, in
1a. The name	e of the limited liab	ility company is: Neuber	rger Berman, <u>L</u> L	<u>c</u>	
1b. The mail		mited liability company	is: <u>605 Third A</u>	venue, New	York, New
1c. Date of f	iling/registration in	Florida: <u>12/02/96</u>	Document nur	nber: <u>M96000</u>	0000479
		current registered agent a		=-	SECRE JIVISION 99 SEP
	<u> </u>	, Suite 105, Tallaha	ussee,		30 PM
	Florida 32301		-		STATE ORATIO
3. The name	and address of the	new registered agent and	office: (P.O. BOX	NOT ACCE	PTABLE)
	CT CORPORATION				
	1200 South Piz	ne Island Road		- =====	
	Plantation, FI				
of the register Such change company or company.	red agent will be ide was authorized by as provided in the	nade, the street address of entical. affirmative vote of a majuration	ority of the memb or the regulation	pers of the limbers of the limbers of the limbers 27,199	ited liability ited liability
	nature of a member or resentative of a member)			(Date)	
	RANDOLPH MEMBE	ER			
Having bee limited liab in this cap proper and	bility company, I her acity I further as	ered agent and to accept reby accept the appointn ree to comply with the p nce of my duties, and I ar gent.	ient as registered provisions of all .	agent ana ag statutes relat	ree to act ive to the
CT CORPOR	ATION SYSTEM	CONNIE BRYAN	Sail of - Sand and Sand Sand Sand	<u> </u>	
	Canie Buga	SPECIAL ASSISTANT SE		<u>9130199</u> (Date)	
(Sigi	nature of Registered Agent	) rnorations, P.O. Box 63:		` -	

FILING FEE: \$35.00