

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M98000001363

1. Entity Name

CITYPLACE TOWNHOUSE, LLC

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90091 030 \*\*\*\*\*55.00

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2. Principal Place of Business  
C/O THE RELATED COMPANIES

Suite, Apt. #, etc.  
625 MADISON AVE. ATTN: LEGAL

City & State  
NEW YORK, NY

Zip  
10022

Country  
USA

3. Mailing Address  
C/O THE RELATED COMPANIES

Suite, Apt. #, etc.  
625 MADISON AVE. ATTN: LEGAL

City & State  
NEW YORK, NY

Zip  
10022

Country  
USA

4. FEI Number  
13-4029616

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE

FL Zip Code  
32301-2525

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CITYPLACE PARTNERS  
625 MADISON AVENUE  
NEW YORK, NY 10022

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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

ANGEL HERNANDEZ  
VICE - PRESIDENT

9/15/02