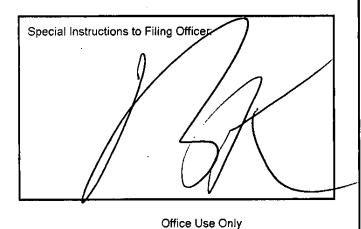
M98000001460

(Requestor's Name)							
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Certified Copies	Certificates of State	Certificates of Status					





100105285771



ACCOUNT NO. : 072100000032

REFERENCE :

062020 436044

AUTHORIZATION :

COST LIMIT : \$ 25.0

COST LIMIT : \$ 25.00

ORDER DATE: August 22, 2007

ORDER TIME : 11:50 AM

ORDER NO. : 062020-170

CUSTOMER NO: 4360443

CHANGE OF AGENT

NAME: ERT 163RD STREET MALL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lin	nited liability co	mpany is: _!	ERT 163RD S	TREET MALL, LLC		
2. The mailing address	s of the limited	liability com	pany is :		,	
420 Lexington Avenue, 7t	h Floor, New York	, NY 10170				
December 10, 1998			1	M98000001460		
3. Date of filing/registration in Florida			4. Document number			
5. The name of the reg Florida Department	of State:	_		ldress as shown on	the records of the	
		• •	Name			
		4811 A	Atlantic Blvd.			
			ddress		O7 SE	
•	. ~		ille, FL 32207		GR P TI	
	197 1	City, St	ate and Zip		AUG 22 CRETAR LAHASS	
6. The name and addre	ss of the new re	gistered age	nt and/or off	ice:	22 AR ASS	
	ied	Corporation S	Service Compa	nv .	Ac & M	
	e en		me	<u>-</u>	70 0 U	
	ស្ <u>រា ម</u>		ays Street		유도 2	
	Florida stre	eet address (l	P.O. Box NO	OT acceptable)	DE *	
	Tallah	assee	FL	32301		
		City, Stat	te and Zip			
If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreen (Signature of a member or aut	e change or char of the registere hereby confirm limited liability nent of the limit	nges are mad d agent will ed that the cl company or ed liability c	le, the Florid be identical. hange(s) was as otherwis	la street address of Or, in the case of s/were authorized	the registered office a Florida limited by an affirmative vote	
Maureen Cullen, Attorney (Printed or typed name of sign						
` ' '	pointment as re- ions of all statul and accept the c if this documen rm that the limit	nnor	2	e to act in this capa and complete perf n as registered ag reflect a change in s been notified in w	ncity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.	

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00