2001 UNIFORM BUSINESS REPORT (UBR) APPROVEL DOCUMENT # 1. Entity Name 01 JUN 12 PM 3:52 MIAMI RETAIL PARTNERS LLC SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address c/o Millennium Partners c/o Millennium Partners Corporate Compliance Corporate Compliance 1995 Broadway 1995 Broadway New York, NY 10023 New York, NY 10023 2. Principal Place of Business c/o Millennium 3. Mailing Address c/o Millennium Partners, Corporate Compliance Partners, Corporate Compliance Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1995 Broadway 1995 Broadway City & State City & State 4. FEI Number Applied For 13-4065242 New York, NY New York, NY Not Applicable Country USA Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 10023 10023 USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 City Zip Code FL 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 (NOTE: Registered Agent signature required whan reinstating) 500004460725-FILE NOW!!! FEE IS \$50.00 -07/05/01--01106--001 Make Check Payable to Department of State *****55.00 ****55.00 9. ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. TITLE X Delete TITLE MGRA Change ▼ Addition Ed Wierzel Millennium . Partners IL.P NAME c/o Millennium Partners NAME c/o Millennium Partners 1995 Broadway STREET ADDRESS STREET ADDRESS 1995 Broadway New York, NY 10023 CITY-ST-ZIP CITY-ST-ZIP New York, NY TITLE Delete ☐ Change ✓ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST- ZIP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SMATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Brian J. Collins, Vice President

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Daytime Phone #