## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

M00000001216 FILED **DOCUMENT # M00000001216** SOUTH OAKS STATION LLC 04 AUG 12 PM 2: 08 SEAR TARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 1546 S. OHIO AVE 11690 GROOMS RD. LIVE OAK, FL 32060 CINCINNATI, OH 45242 Will CR2E083 (10/03) 03222004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 31-1706203 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 300040593143 Due by May 1, 2004 08/27/04--01076--024 \*\*50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PHILLIPS EDISON & CO. NAME 11690 GROOMS RD. STREET ADDRESS CITY-ST-ZP CINCINNATI, OH 45242 TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE ાં NAME

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 poort as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CDY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAI

Daytime Phone 6