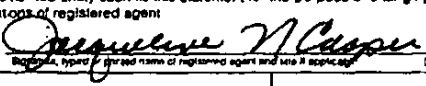
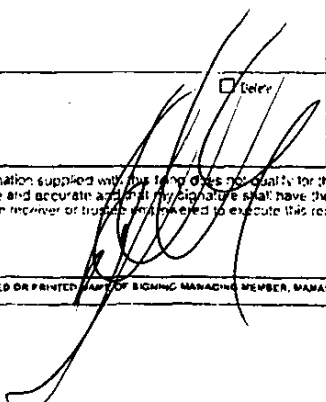


7/28

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90074 019 ***538.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M05000003103			
1. Entity Name PEF ST. PETERSBURG FL, LLC			
Principal Place of Business 2808 FAIRMOUNT STE 250 DALLAS, TX 75201		Mailing Address 2808 FAIRMOUNT STE 250 DALLAS, TX 75201	
2. Principal Place of Business - If P.O. Box # 276 RIVERSIDE DRIVE		3. Mailing Address 276 RIVERSIDE DRIVE	
Suite, Apt. #, etc. 2-G		Suite, Apt. #, etc. 2-G	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10025	Country	Zip 10025	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		07182038 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301	
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 		Jacqueline N. Casper, Assistant VP 7/18/08	
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC FINANCIAL GROUP, LTD 2808 FAIRMOUNT STE 250 DALLAS, TX 75201 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER 310 WEST 38TH LLC 276 RIVERSIDE DRIVE NEW YORK, NY 10025 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this form does not qualify for the exemption contained in Chapter 119, 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 authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		8/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	