

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200002213

**Entity Name:** MSKP VOLUSIA PARTNERS, L.L.C.

**Current Principal Place of Business:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 46-0496627

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPEER, GEORGE  
4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KITSON & EVERGREEN  
(VOLUSIA/IBIS) LLC  
Address 4500 PGA BOULEVARD, SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name MORGAN STANLEY REAL ESTATE  
FUND IV DOM LP  
Address 1585 BROADWAY, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10036-8293

Title MGRM  
Name MSP REAL ESTATE FUND IV, L.P.  
Address 1585 BROADWAY, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10036-8293

Title MGRM  
Name MORGAN STANLEY REAL ESTATE  
INV. DOM., L.P.  
Address 1585 BROADWAY, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10036-9293

Title MGRM  
Name MORGAN STANLEY REAL EST. FND  
IV, SP DOM,LP  
Address 1585 BROADWAY, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10036-8293

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SYDNEY W. KITSON

**CEO**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date