

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002424

**Entity Name:** CSFBM 2007-C2 HERITAGE PLAZA LLC

**Current Principal Place of Business:**

475 5TH AVENUE  
C/O TORCHLIGHT INVESTORS, LLC  
NEW YORK, NY 10017

**Current Mailing Address:**

475 5TH AVENUE  
C/O TORCHLIGHT INVESTORS, LLC  
NEW YORK, NY 10017 US

**FEI Number:** 47-3586410

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	WELLS FARGO BANK, N.A.AS TRUSTEE	Name	NORDYKE, STEVE
Address	475 5TH AVENUE C/O TORCHLIGHT INVESTORS, LLC	Address	475 5TH AVENUE C/O TORCHLIGHT INVESTORS, LLC
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE NORDYKE

**AUTHORIZED  
REPRESENTATIVE**

**04/29/2016**

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

\_\_\_\_\_  
Date