## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # F03000002018



RUBICON GSA II BEACON STATION MIAMI, INC. 40110000 Principal Place of Business Mailing Address 1650 TYSONS BLVD., SUITE 950 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102 MCLEAN, VA 22102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 84-1624661 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delcte TITI F MGR Change ☐ Addition TITLE RUBICON US REIT INC VAHABZADEH, ALEX NAME NAME 805 THIRD AVE, 8th floor STREET ADDRESS 1650 TYSONS BLVD., SUITE 950 STREET ADDRESS MCLEAN, VA 22102 City-ST-7IP CITY-ST-ZIP New YORK, NY 10022 Change ☐ Addition Delete TITLE TITLE IUDICELLO, AL NAME NAME 1650 TYSONS BLVD., SUITE 950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP ☐ Addition Change TITLE Defete TITLE ROMAR, RICK NAME STREET ADDRESS 1650 TYSONS BLVD., SUITE 950 STREET ADDRESS MCLEAN, VA 22102 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE O'SHEA, TIMOTHY NAME STREET ADDRESS 1650 TYSONS BLVD., SUITE 950 STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP MCLEAN, VA 22102 COO Delete Change ☐ Addition TITLE TITLE WATSON, ELIZABETH NAME STREET ADDRESS 1650 TYSONS BLVD., SUITE 950 STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

212 - 4257

**FILED** 

May 11, 2007 8:00 am Secretary of State

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