

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007404

FILED
Jul 05, 2005
Secretary of State

Entity Name: DLACKROCK RETAIL PROPERTY ADVISORS, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DR., STE 560
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR., STE 560
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1020020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EMO CORPORATE SERVICES INC
100 NE 3RD AVE
SUITE 1100
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

DENNIS CARSON
BLACKROCK RETAIL PROPERTY ADVISORS
5201 BLUE LAGOON DRIVE,
SUITE 560
MIAMI FLORIDA, FL 33126 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: DENNIS CARSON

07/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARSON, DENNIS
Address: 5201 BLUE LAGOON DR., #560
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: ROSEN, CASEY
Address: 5201 BLUE LAGOON DR., #560
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CASEY ROSEN

MGR

07/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date