

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007404**

1. Entity Name  
**BLACKROCK RETAIL PROPERTY ADVISORS, LLC**



Principal Place of Business

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

Mailing Address

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



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1020020**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARSON, DENNIS  
5201 BLUE LAGOON DR., #560  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROSEN, CASEY  
5201 BLUE LAGOON DR., #560  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000622956  
02/13/07-80046-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**DENNIS CARSON**

Date

**1/12/07**

Daytime Phone #

**305-266-7700**