2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # L0000007404								-	39 032 ***1	
1. Entity Name		ROUP, LLC								
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Principal Place of Business			Mailing Address]	~~~~	•.		
5201 BLUE LAGOON DR., STE 560 Miami, FL 33126		5201 BLUE LAGOON DR., STE 560 Miami, FL 33126				。 A. J. Villa (中族	,			
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2. Principal Place of Business - No P.O. Box # 777 BRICKEU AVE.			3. Mailing Address 777 BRICKEU AVE							
Suite, Apt. #, etc. SUITE 900		Suite, Apt. #, etc. SUITE 900		02122008	Chg-LLC	(CR2E083 (12/0	06)		
City & State M. AM. K		City & State MiAMi, FL			4. FEI Nurr 65-10	ber 20020			Applied For Not Applicable	
Zip 33/	131	Country	Zip 33/3/	Country	DE	5. Certifica	te of Status Des	red	\$5.00 Fee Reg	Additional
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent				
CARSON.	DENNIS			Nam	8					
CARSON, DENNIS BLACKROCK RETAIL PROPERTY ADVISO 5201 BLUE LAGOON DRIVE, SUITE 560			SORS, LLC.	Stree	Street Address (P.O. Box Number is Not Acceptable) BRICKELL AVE SWITE 900					
MIAMI FLO					•				•	
				City	MI	AMI'			FL Zip	Code 33/3/
	named entitions of regis	ty submits this statement for tered agent.	the purpose of changing it	s registered offic	or registe	red agent, or t	ooth, in the State	of Florida		
	-	-								
SIGNATURE .										
SIGNATURE _	Signature, typed	d or printed name of registered agent an	d title if applicable. (NO	TE: Registered Agent si	gnature required	d when reinstating)		a 5	DATE 17	= , b,
FILE	NOWIII	or printed name of registered agent an FEE IS \$138.75 Fee will be \$538.75	od title if applicable. (NO	TE: Registered Agent se	gnature required	d when reinstating)			DATE beck payable partment of S	
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FILE After May	NOW!!! 1, 2008 MGR	FEE IS \$138.75 Fee will be \$538.75 MANAGING MEMBER		10. ពេ៤	NR		ADDIT	Make colorida De	heck payable epartment of \$	State
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11. I hereby certify that the information supplied with his 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: 1/2 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/08

305-428-6320

Daytime F