

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017089

Entity Name: BLUEVIEW, L.L.C.

FILED  
May 11, 2009  
Secretary of State

## Current Principal Place of Business:

2750 NE 185TH STREET, 2ND FLOOR  
AVENTURA, FL 33180

## New Principal Place of Business:

C/O ING CLARION - ATTN: RICK SCHAUPP  
12TH FLOOR  
NEW YORK, NY 10169

## Current Mailing Address:

2750 NE 185TH STREET, 2ND FLOOR  
AVENTURA, FL 33180

## New Mailing Address:

C/O ING CLARION - ATTN: RICK SCHAUPP  
12TH FLOOR  
NEW YORK, NY 10169

FEI Number: 20-0731991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

M & W AGENTS, INC.  
2101 CORPORATE BLVD., STE. 107  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MERRYL WIENER

05/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CDVII DORAL INVESTOR, LLC  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CDVII DORAL INVESTOR, LLC C/O R SCHAUPP  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICK SCHAUPP

SVP

05/11/2009

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