

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111686

Entity Name: FED FLORIDA INVESTORS, LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

770 TOWNSHIP LINE ROAD, SUITE 150
YARDLEY, PA 19067

New Principal Place of Business:

Current Mailing Address:

770 TOWNSHIP LINE ROAD, SUITE 150
YARDLEY, PA 19067

New Mailing Address:

FEI Number: 20-5909812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BPG INVESTMENTS PART, NERSHIP VII, L . P .
Address: 770 TOWNSHIP LINE ROAD, SUITE 150
City-St-Zip: YARDLEY, PA 19067

Title: MGRM () Delete
Name: BPG PRIVATE REAL EST, ATE INVESTMENT TRUST
Address: 770 TOWNSHIP LINE ROAD, SUITE 150
City-St-Zip: YARDLEY, PA 19067

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BPG INVESTMENT PARTN, ERSHIP VII, L. P .
Address: 770 TOWNSHIP LINE ROAD, SUITE 150
City-St-Zip: YARDLEY, PA 19067

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

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: BARRY HOWARD, AUTHORIZED REPRESENTATIVE

CVAS

01/17/2008

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