

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-27-2007 90080 030 ****50.00

DOCUMENT # L06000123182 1. Entity Name TEMPE RI, LLC																													
Principal Place of Business 9425 HARDING AVENUE SURFSIDE, FL 33154			Mailing Address 9425 HARDING AVENUE SURFSIDE, FL 33154																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	02132007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8141481																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent FINVARB, RICHARD 9425 HARDING AVENUE SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>TEMPE RI MANAGER, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9425 HARDING AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SURFSIDE, FL 33154</td> <td></td> </tr> </table>			TITLE	MGRM	☐ Delete	NAME	TEMPE RI MANAGER, LLC		STREET ADDRESS	9425 HARDING AVENUE		CITY - ST - ZIP	SURFSIDE, FL 33154		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: *Clifford, Mar* 2/21/07 305-861-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Tempe RI GP, LLC