

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143463

FILED
Apr 10, 2012
Secretary of State

Entity Name: MET II OFFICE MEZZANINE, LLC

Current Principal Place of Business:

% METROPOLITAN LIFE INSURANCE COMPANY
101 EAST KENNEDY BLVD, SUITE 2330
TAMPA, FL 33602

New Principal Place of Business:

% METROPOLITAN LIFE INSURANCE COMPANY
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US

Current Mailing Address:

% METROPOLITAN LIFE INSURANCE COMPANY
101 EAST KENNEDY BLVD, SUITE 2330
TAMPA, FL 33602

New Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - MSC-15017
NEW YORK, NY 10036 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: METROPOLITAN LIFE INSURANCE COMPANY
Address: 101 EAST KENNEDY BLVD, SUITE 2330
City-St-Zip: TAMPA, FL 33602

I hereby 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: JOSEPH A. ZDEB, (METLIFE) AVP 04/10/2012

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