

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000616

FILED
May 02, 2007
Secretary of State

Entity Name: MERRICK PARK PARKING LLC

Current Principal Place of Business:

110 N. WACKER DRIVE
CHICAGO, IL 60606

New Principal Place of Business:

245 PARK AVENUE
NEW YORK, NY 10167 US

Current Mailing Address:

10275 LITTLE PATUXENT PARKWAY
COLUMBIA, MD 21044

New Mailing Address:

PO BOX 5005
NEW YORK, NY 101635005 US

FEI Number: 52-2345309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MGRM () Delete
Name: THE ROUSE COMPANY OF, FLORIDA, LLC
Address: 110 N. WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPF,
Address: PO BOX 5005
City-St-Zip: NEW YORK, NY 101635005 US

Title: S () Change (X) Addition
Name: QUINTERO, CYNDI
Address: PO BOX 5005
City-St-Zip: NEW YORK, NY 101635005 US

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: SPF

MGR

05/02/2007

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