2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State 04-24-2007 90111 006 ****50.00

DOCUMENT # M02000002210 1. Entity Name MSKP MANAGEMENT COMPANY, L.L.C.											
Principal Place 9055 IBIS BL WEST PALM I	.VD.		Mailing Address 9055 IBIS BLVD. WEST PALM BEACH, FL 33412			60039495					
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Malling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Numb 46-049				oplied For of Applicable
Ζφ		Country	Zip	Country			5. Certificate	e of Status Desired		\$5.00 Add Fee Require	
	legistered Agent	7.			7. Name an	d Address of New R	egistered	Agent			
SPEER, GEORGE 9055 IBIS BLVD. WEST PALM BEACH, FL 33412					Street Address (P.O. Box Number is Not Acceptable)						
		City					FI	Zio Cod	6		
8. The above named entity systems 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 Signature, typool in proceed familiar and the it applicable. (NOTT, Repaired Agent signature requires when retrievaling). OATE											
Filing Fee is \$50.00 Due by May 1, 2007							Florida	Departr	payable to ment of Stat	e	
9. TITLE	MGRM	MANAGING MEMBER	IS/MANAGERS Ø Delete	10.	 	MGRI		ADDITIONS	CHANGE		
NAME STREET ADDRESS CITY-ST-ZP	KITSON & 9055 IBIS	R PARTNERS I, L.L.C. BLVD. ALM BEACH, FL 33412	al Deele			KITS(9055	ON-EVERGR IBIS BOULE	EEN (VOLUSIA/IB VARD CH. FL 33412	SIS) LLC	Change	ACCRICA
TITLE NAME STREET ADDRESS CITY-ST-EP	1585 BROADWAY, 7TH FLOOR s				e E E1 address -s1-zp					☐ Change	ADDŽICA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Deite MSP REAL ESTATE FUND IV, L.P. 1585 BROADWAY, 7TH FLOOR NEW YORK, NY 100368293									Change	☐ Addition
TITLE NAME STREET AUCKESS CITY-ST-ZP	MGRM Detel MORGAN STANLEY REAL ESTATE INVESTORS IV DO 1585 BROADWAY, 7TH FLOOR NEW YORK, NY 100368293				E E El aderess - SI - ZP	**************************************	***************************************			Crange	☐ Adc.tion
TITLE MANS STREET ADDRESS CITY-SI-DF							**************************************			Charge	Acction
NAME STREET ADDRESS CITY-ST-ZIP			□ Delste							Change	☐ Addition
11. I hereby certify that the information sypplied with this filing does not qualify for the exemptions contained in Chapter 119, Riorida Statutes, I further certify that the information indicated on this report is true and ecturate and that my storature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the recover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SYDNEY_WINTSON, AUTHORIZED REPRESENTATIVE											