FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Maliting Address of Limited Liability Company DOCUMENT # Mo200002628					TIONS 99 NAY -3 All 8: 29 ental Fee STATE												
									of Limited Liability	Company DOC	UMENI	# INO300	0002628				<u> 5化</u>
									GRAY PROPERTY 4301, LLC RIVERFRONT PLAZA, EAST TOWER 951 BYRD STREET, SUITE 910 RICHMOND VA 23219					RIVERFRONT PLAZA, EAST TOWER 951 BYRD STREET, SUITE 910 RICHMOND VA 23219			
2. Principal Place of Business 2.8. I			ailing Address		3. Date Organize	d or Qualified	3a. State	of Formation									
•					07/02/1998		FL										
Suite, Apt. #, etc.		Suite, Ap	K. W, etc.		4. FEI Number Applied For												
City & State		City & St	City & State		54-1874892			Not Applicabl									
Zıp	Country	Zip	Country		5. Date of Last Report			ate of Status Desired									
								58 25 Additional Fee flequiced									
7. Name and Address of Current Registered Agent 8 Name					Name and Address	of New Regis	tered Agen	I/Office									
CORPORATION SERVICE , COMPAI 1201 HAYS STREET TALLAHASSEE FL 32301			NY			P.O. Box Number is Not Acceptable)											
							 -										
			City			Zip Code											
ts registered office or	rovisions of Sections 608.4 registered agent, or both, in and accept the obligations	n the State of Flo															
SIGNATURE						ATF											
(Ragsleted Agent Accepting Apparent cnt) (N			7	ness Street Address	g).	City, State and Zip Code											
MGRM GRAY HOLDINGS, LLC			RIVERFROI	NT PLZ, E	. TWR/951	RICHMO											
					ខព្	### 105/0 ####	201616 7/33(188.75	877689 91162919 *****188.7									
icated on this annu	that the information supplie at report is true and accura	ite and that my s	ignature shall have the	same legal effect as		that I am a man	aging memb	or or manager of th									

SIGNATURE AT LETTED OF PRINTED NAME OF SKILLING MANAGERS MEMBER ICON MALIACE IC

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