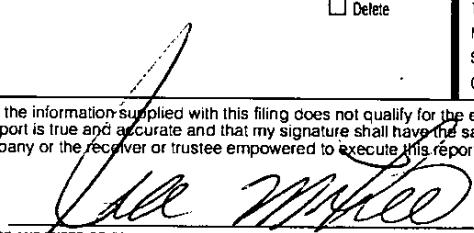


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90059 021 ****50.00

DOCUMENT # M02000002646 1. Entity Name RALP SPE GP, LLC					
Principal Place of Business 4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027 400			Mailing Address 4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027 400		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 13-4214631	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM				Name	
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324					
				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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JACOBSSON, JOHN		NAME		
STREET ADDRESS	1301 AVE. OF THE AMERICAS, 38TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MITZNER, IRA		NAME		
STREET ADDRESS	4669 SOUTHWEST FREEWAY, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			04/25/05 713 961 3835		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		