2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90019 012 ****50.00

DOCUMENT # M02000002646

1. Entity Name
RALP SPE GP, LLC

Principal Place of Business	Mailing Address
4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027	4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027

20022139

01202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
4669 Southwest Freeway		4669 Southwest Freeway	
Suite, Apt. #, etc.: Suite 400		Suite, Apt. #, etc.: Suite 400	
City & State: Houston, TX		City & State: Houston, TX	
Zip: 77027	Country: USA	Zip: 77027	Country: USA

4. FEI Number: 13-4214631 ☐ Applied For ☐ Not Applicable

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 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete JACOBSSON, JOHN 1301 AVE. OF THE AMERICAS, 38TH FLOOR NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 60 Columbus Circle, 20th Floor New York, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MITZNER, IRA 4669 SOUTHWEST FREEWAY, SUITE 700 HOUSTON, TX 77027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4669 Southwest Freeway, Suite 400 Houston, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 3/20/06 713-961-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #