

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002646

1. Entity Name
RALP SPE GP, LLC



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
3120 SOUTHWEST FREEWAY, SUITE 200
HOUSTON, TX 77098 US

Mailing Address
3120 SOUTHWEST FREEWAY, SUITE 200
HOUSTON, TX 77098 US



07092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000955962
07/22/08-80013-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JACOBSSON, JOHN
60 COLUMBUS CIRCLE 20TH FLOOR
NEW YORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MITZNER, IRA
4669 SOUTHWEST FREEWAY SUITE 400
HOUSTON, TX 77027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/17/08

Date

Daytime Phone #