

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000729

Entity Name: WG GULF BREEZE GP, L.L.C.

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

3625 DUFFERIN STREET STE 500
DOWNSVIEW, ON MKIN4 CA

New Principal Place of Business:

3625 DUFFERIN ST., STE 500
TORONTO, ON M3K 1N4 CA

Current Mailing Address:

3625 DUFFERIN STREET STE 500
DOWNSVIEW, ON MKIN4 CA

New Mailing Address:

3625 DUFFERIN ST., STE 500
TORONTO, ON M3K 1N4 CA

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: H&R REIT (U.S.) HOLD, INGS, INC
Address: 3625 DUFFERIN STREET STE 500
City-St-Zip: DOWNSVIEW, ON MKIN4 CA

Title: MGR (X) Delete
Name: FROMM, LARRY
Address: 3625 DUFFERIN STREET STE 500
City-St-Zip: DOWNSVIEW, ON MKIN4 CA

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: H&R REIT (U.S.) HOLD, INGS INC.
Address: 3625 DUFFERIN ST., STE 500
City-St-Zip: TORONTO, ON M3K 1N4 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANE LOUIS

POA

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date