

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

MAY 18 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number **APPLIED FOR** ☒ 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 _____ (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 MGRM ☐ Delete
NAME MORGAN STANLEY REAL ESTATE FUND IV
STREET ADDRESS 1585 BROADWAY, 37TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600075187016
05/24/06--01012--001 **55.00

TITLE MGRM ☐ Delete
NAME MORGAN STANLEY REAL ESTATE INVESTORS IV
STREET ADDRESS 1585 BROADWAY, 37TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MORGAN STANLEY REAL ESTATE FUND IV
STREET ADDRESS 1585 BROADWAY, 37TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MSP REAL ESTATE FUND IV, L.P.
STREET ADDRESS 1585 BROADWAY, 37TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Wanda F. Davis - (Wanda F. Davis) 5/11/06 404-846-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #