

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001380

Entity Name: MBS GP 22, L.L.C.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

1415 OLIVE STREET SUITE 310
SAINT LOUIS, MO 63103

New Principal Place of Business:

Current Mailing Address:

1415 OLIVE STREET SUITE 310
ATTN: HILLARY ZIMMERMAN
SAINT LOUIS, MO 63103

New Mailing Address:

FEI Number: 30-0173800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MBR () Delete
Name: MUDCO 4, INC.,
Address: 1415 OLIVE STREET, SUITE 310
City-St-Zip: SAINT LOUIS, MO 63103

Title: MBR () Delete
Name: MBS 22 SPECIAL COMPA, NY
Address: 1415 OLIVE STREET, SUITE 310
City-St-Zip: SAINT LOUIS, MO 63103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MUDCO 4, INC.,
Address: 1415 OLIVE STREET, SUITE 310
City-St-Zip: SAINT LOUIS, MO 63103

Title: MGRM (X) Change () Addition
Name: MBS 22 SPECIAL COMPA, NY
Address: 1415 OLIVE STREET, SUITE 310
City-St-Zip: SAINT LOUIS, MO 63103

I hereby certify that the information supplied with this filing does not qualify for the 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: HILLARY B. ZIMMERMAN

VP

04/16/2007

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