2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT # M04000001243** 1. Entity Name RI CŚ2, LLC

Secretary of State 01-22-2008 90119 030 ***143.75 EAAA... Principal Place of Business Mailing Address 220 WEST CREST STREET 220 WEST CREST STREET ESCONDIDO, CA 92025 ESCONDIDO, CA 92025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 600 LATERRAZA BLVD 600 LA TERRAZA BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For ESCONDIDO, ESCONDIDO CA 34-1984162 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 92025 USA 92025 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete TITLE Change Addition TITLE REALTY INCOME CORPORATION NAME STREET ADDRESS 600 LA TERRAZA BLUD. STREET ADORESS -220 WEST CREST STREET ESCONDIDO, CA 92025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information sopplied 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 excurate 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 regerver or trusteet improved to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED N

NG MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

111/08

760) 741-2111

Jan 22, 2008 8:00 am