


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000001630**

1. Entity Name  
**PPF INDUSTRIAL ANDREWS AVENUE, LLC**



Principal Place of Business **3424 PEACHTREE ROAD, NE, STE. 800 ATLANTA, GA 30326-1118**

Mailing Address **3424 PEACHTREE ROAD, NE, STE. 800 ATLANTA, GA 30326-1118**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03072005 Chg-LLC CR2E083 (10/03)

City & State  
 Zip Country

4. FEI Number  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**

**7. Name and Address of New Registered Agent**

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, 2005**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PPF INDUSTRIAL, LLC 3424 PEACHTREE ROAD, NE, STE. 800 ATLANTA, GA 303261118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
U000000279845 03/29/05-80014-014 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify indicated on if limited liability

By: PPF Industrial, LLC, its sole member  
 By: PPF OP, LP, its sole member  
 By: PPF OPGP, LLC, its General Partner  
 By: Prime Property Fund, LLC, its sole member  
 By: Morgan Stanley Real Estate Advisor, Inc., its Manager

Exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information is legal effect as if made under oath; that I am a managing member or manager of the as required by Chapter 60B, Florida Statutes.

**SIGNATURE:** *Gail Knight* **Gail Knight** **3/28/05** **404-846-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #