


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.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			10. ADDITIONS/CHANGES		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify indicated on the limited liability					
By: PPF Industrial Andrews Avenue, LLC 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 has legal effect as if made under oath; that I am a managing member or manager of the LLC as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Gail Knight</i> 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 #	