


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000002087					
1. Entity Name PPF INDUSTRIAL 2201-2381 STIRLING ROAD, LLC					
Principal Place of Business 3424 PEACHTREE ROAD N.E. SUITE 800 ATLANTA, GA 30326-1118			Mailing Address 3424 PEACHTREE ROAD N.E. SUITE 800 ATLANTA, GA 30326-1118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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 re/instating) _____ 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 N.E. ATLANTA, GA 303261118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000279846 03/29/05-80014-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPF Industrial 2201-2381 Stirling Road, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby indicated limited liability for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Gail Knight Gail Knight</u>			Date: <u>3/28/05</u>		Daytime Phone #: <u>404-846-1300</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					