

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
07 MAY -1 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M05000000884</b> 1. Entity Name <b>RESERVE OWNER LLC</b>					
Principal Place of Business <b>50 CALIFORNIA STREET, SUITE 200 SAN FRANCISCO, CA 94111</b>		Mailing Address <b>50 CALIFORNIA STREET, SUITE 200 SAN FRANCISCO, CA 94111</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2666154</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RESERVE <i>Investor LLC</i></b>		NAME		
STREET ADDRESS	<b>300 CAMPUS DR, 2ND FLR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FLORHAM PARK, NJ 07932</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	<b>800100583478</b>	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied 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 accurate 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Please See Attached Signature Page</i></u>			<u><i>4/30/07</i></u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

M05000000884

Signature Page  
to  
State of Florida  
2007 Limited Liability Company  
Annual Report  
for  
Reserve Owner LLC

FILED  
07 MAY - 1 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Reserve Owner LLC,  
a Delaware limited liability company

By: Reserve Investor LLC,  
a Delaware limited liability company,  
its Managing Member

By: Reserve Tower LLC,  
a Delaware limited liability company  
its Managing Member

By: BlackRock Granite Property Fund, L.P.,  
a Delaware limited partnership,  
its Sole Member

By: BlackRock Granite Property Fund,  
LLC, a Delaware limited liability  
company, its General Partner

By: BlackRock Granite Property  
Fund, Inc., a Maryland  
corporation, its Sole Member

By:   
William A. Finelli,  
Chief Financial Officer and  
Treasurer

BK

BK



M05000000884

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 876536 7560107

AUTHORIZATION : *Sara Lea*

COST LIMIT : \$ 50.00

FILED  
07 MAY - 1 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 1, 2007

BK

ORDER TIME : 1:10 PM

ORDER NO. : 876536-050

CUSTOMER NO: 7560107

BK

ANNUAL REPORT FILING

NAME: RESERVE OWNER LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 MAY - 1 PM 3:12  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_