

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000000885

1. Entity Name
RESERVE INVESTOR LLC



Principal Place of Business
**50 CALIFORNIA STREET, SUITE 200
SAN FRANCISCO, CA 94111**

Mailing Address
**50 CALIFORNIA STREET, SUITE 200
SAN FRANCISCO, CA 94111**

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2666085

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

BK

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RESERVE TOWER LLC
300 CAMPUS DR 3RD FL
FLORHAM PARK, NJ 07932** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
400100583094

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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: SEE ATTACHMENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MD5000000885
FILED

Signature Page
to
State of California
Secretary of State
Statement of Information
Limited Liability Company
for
Reserve Investor LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Reserve Investor LLC
a Delaware limited liability company

BK

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

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CORPORATION SERVICE COMPANY

105000000885

ACCOUNT NO. : 072100000032

REFERENCE : 876536 7560107

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 50.00

ORDER DATE : May 1, 2007

ORDER TIME : 1:10 PM

ORDER NO. : 876536-055

CUSTOMER NO: 7560107

BK

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NAME: RESERVE INVESTOR LLC

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

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

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____