2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 26, 2006 8:00 am **Secretary of State DOCUMENT # M05000001158** 01-26-2006 90067 012 ****50.00 1. Entity Name FORT V OH, LLC Principal Place of Business Mailing Address **601 S. FIGUEROA STREET** 601 S. FIGUEROA STREET **SUITE 2050 SUITE 2050** LOS ANGELES, CA 90017 LOS ANGELES, CA 90017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FÉI Number Applied For Not Applicable <u>59-3802393</u> Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition FORT PROPERTIES, INC. NAME NAME STREET ADDRESS 601 S. FIGUEROA STREET STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90017 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-7IP TITLE Oeiete FITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STPEET ADDRESS STREET ANCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7'P 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.

Charles B. Runnels, Ill, President of FORT Properties, Inc.,

Manager

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPGESENTATIVE

January 18, 2006

213-572-0222

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