2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002222

Entity Name: MS WOOLBRIGHT GLADES PLAZA, L.L.C.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3200 NORTH MILITARY TRAIL BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

3200 NORTH MILITARY TRAIL BOCA RATON, FL 33431

City-St-Zip:

FEI Number: 20-2749128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

WIENER, DAVID J
3200 NORTH MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431 US

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.

SIGNATURE: DAVID J. WIENER 04/27/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WOOLBRIGHT GLADES PL, AZA MANAGING M E M, LLC
 Name:

 Address:
 3200 NORTH MILITARY TRAIL
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: MORGAN STANLEY REAL, ESTATE FUND IV DOM,LP Name:
Address: 1585 BROADWAY, 37TH FLOOR Address:
City-St-Zip: NEW YORK, NY 10036 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MORGAN STANLEY REAL, EST. FND IV SP C DOM, LP
 Name:

 Address:
 1585 BROADWAY, 37TH FLOOR
 Address:

 City-St-Zip:
 NEW YORK, NY 10036
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: MORGAN STANLEY REAL, ESTATE INV. IV DOM, LP Name:
Address: 1585 BROADWAY, 37TH FLOOR Address:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MSP REAL ESTATE FUND, IV, L.P.
 Name:

 Address:
 1585 BROADWAY, 37TH FLOOR
 Address:

 City-St-Zip:
 NEW YORK, NY 10036
 City-St-Zip:

NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: DUANE T. STILLER MGRM 04/27/2006