2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002222

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

1585 BROADWAY, 37TH FLOOR

NEW YORK, NY 10036

Address: City-St-Zip: FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4TH FLOC					
BOCA RA	TON, FL 3343	1			
Current Mailing Address:			New Mailing Address:		
3200 NORTH MILITARY TRAIL 4TH FLOOR					
BOCA RA	TON, FL 3343	1			
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	Name and Address of New Registered Agent:	
SUITE 201	TH MILITARY				
	named entity s e of Florida.	submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both	
SIGNATUR	SE.				
0.011, 1.01		ic Signature of Registered Agen	t	Date	
				Bate	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	WOOLBRIGHT	Delete GLADES PLAZA MANAGING MEM, LL IILITARY TRAIL, 4TH FL FL 33431	Title: C Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORGAN STAN	Delete ILEY REAL ESTATE FUND IV DOM,LP IAY, 37TH FLOOR / 10036	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORGAN STAN	Delete ILEY REAL EST. FND IV SPC DOM,LP IAY, 37TH FLOOR Y 10036	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORGAN STAN	Delete ILEY REAL ESTATE INV. IV DOM, LP IAY, 37TH FLOOR / 10036	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	, ,	Delete FATE FUND IV, L.P.	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LAWRENCE BERNICK V 04/24/2009