2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# M05000003725

Entity Name: 150 EAST PALMETTO, LLC

Current Principal Place of Business:

230 PARK AVENUE, C/O CLARION PARTNERS, LLC
12TH FLOOR
NEW YORK, NY 10169

New Principal Place of Business:

Current Mailing Address:

230 PARK AVENUE, C/O CLARION PARTNERS, LLC
12TH FLOOR
NEW YORK, NY 10169

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FURNARY, STEPHEN J
Address: 230 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

Title: SEC ( ) Delete
Name: KILLIAN, JOHN R
Address: 230 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP ( ) Change (X) Addition
Name: FACOMPRE, JAMES T
Address: 230 PARK AVENUE, 12TH FL
City-St-Zip: NEW YORK, NY 10169

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.

SIGNATURE: JAMES FACOMPRE SVP 04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date