


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90256 017 \*\*\*\*\*50.00

**DOCUMENT # M05000004507**

1. Entity Name  
 PPF INDUSTRIAL 6400-6500 PARK OF COMMERCE BOULEVARD, LLC



Principal Place of Business  
 3424 PEACHTREE ROAD NE, SUITE 800  
 ATLANTA, GA 30326

Mailing Address  
 3424 PEACHTREE ROAD NE, SUITE 800  
 ATLANTA, GA 30326

**60037860**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**43-2086018** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PPF INDUSTRIAL, LLC 3424 PEACHTREE ROAD, NE, SUITE 800 ATLANTA, GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Gail Freeman* Gail Freeman 4/9/07 404-846-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PLEASE SEE ATTACHED SIGNATURE BLOCK.

ATTACHMENT

60037860

#M05000004507

ATTACHED TO 2007 FL ANNUAL REPORT FOR  
PPF INDUSTRIAL 6400-6500 PARK OF COMMERCE BOULEVARD, LLC

SIGNATURE BLOCK:

PPF Industrial 6400-6500 Park of Commerce Boulevard, LLC

By: PPF Industrial, LLC, its Sole Member

By: PPF OP, LP, its Sole Member

By: PPF OPGP, LLC, its General Partner

By: Prime Property Fund, LLC, its Sole Member

By: Morgan Stanley Real Estate Advisor, Inc., its Manager

By: Gail Freeman  
Gail Freeman, Assistant Secretary