


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90214 001 *4,717.50

DOCUMENT # M05000004752	
1. Entity Name BLUEROCK REAL ESTATE, L.L.C.	

Principal Place of Business 100 PARK AVENUE, 34TH FLOOR NEW YORK, NY 10017	Mailing Address 16500 NORTH PARK DRIVE SUITE 100 SOUTHFIELD, MI 98075
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30003673



2. Principal Place of Business - No P.O. Box # 680 Fifth Avenue	3. Mailing Address 16500 North Park Drive
Suite, Apt. #, etc. 16th Floor	Suite, Apt. #, etc. Suite 202
City & State New York, NY	City & State Southfield, MI
Zip 10019	Country USA
Zip 48075	Country USA

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 71-0962325	Applied For <input type="checkbox"/> Not Applicable
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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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street City Tallahassee FL Zip Code 32301
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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.
Deborah Huett
SIGNATURE Deborah Huett Assistant Secretary DATE 3-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMFAR, RAMIN 100 PARK AVENUE, 34TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deborah Huett **3-17-08** **248-424-5693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #