

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 JUN -2 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # M05000004932 | | | | | |
| 1. Entity Name P VI LONGWOOD LLC | | | | | |
| Principal Place of Business 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022 | | | Mailing Address 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01252006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number APPLIED FOR 20-3418278 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TPF VI REIT 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <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 executor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: _____ | | | MARK LIPPMANN 5-19-06 2122245641 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |



CORPORATION SERVICE COMPANY

MU5000004932

ACCOUNT NO. : 072100000032

REFERENCE : 128508 5155201

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : May 23, 2006

ORDER TIME : 12:45 PM

ORDER NO. : 128508-065

CUSTOMER NO: 5155201 *[Signature]*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: P VI LONGWOOD LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

RECEIVED
06 JUN -2 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA