2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # M06000000552 1. Entity Name 2007 APR 30 AM 10: 17 WOODSDALE OAKS DEVELOPER, LLC SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA C/O THE RELATED COMPANIES, L.P. C/O THE RELATED COMPANIES, L.P. **60 COLUMBUS CIRCLE 60 COLUMBUS CIRCLE** NEW YORK, NY 10023 NEW YORK, NY 10023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number .. Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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, an the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. 000102124880 MGRM ☐ Delete TITLE Addition TITLE RAP FL, LLC NAME NAME 05/19/07--01004--014 STREET ADDRESS **60 COLUMBUS CIRCLE** STREET ADDRESS NEW YORK, NY 10023 CITY - ST - ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition RAP FL DEVELOPER NAME NAME **60 COLUMBUS CIRCLE** STREET ADDRESS STREET ADDRESS NEW YORK, NY 10023 CITY-ST-ZIP CITY-ST-ZIP Delete MTLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Note Information of the Signature and types or printed name of signing manager, and authorized the signing manager of authorized th

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