

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002362

FILED
Feb 29, 2008
Secretary of State

Entity Name: LOOP WEST, LLC

Current Principal Place of Business:

% THE WILDER COMPANIES, LTD.
800 BOYLSTON STREET, SUITE 1300
BOSTON, MA 02199

New Principal Place of Business:

C/O THE WILDER COMPANIES, LTD.
800 BOYLSTON STREET, SUITE 1300
BOSTON, MA 02199

Current Mailing Address:

% THE WILDER COMPANIES, LTD.
800 BOYLSTON STREET, SUITE 1300
BOSTON, MA 02199

New Mailing Address:

C/O THE WILDER COMPANIES, LTD.
800 BOYLSTON STREET, SUITE 1300
BOSTON, MA 02199

FEI Number: 20-4753034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: RICKY SOTO

02/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JTAD LOOP WEST LLC,
Address: % 800 BOYLSTON STREET, SUITE 1300
City-St-Zip: BOSTON, MA 02199

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JTAD LOOP WEST LLC,
Address: 800 BOYLSTON STREET, SUITE 1300
City-St-Zip: BOSTON, MA 02199

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: THOMAS V WILDER

MM

02/29/2008

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