2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # M06000002527 1. Entity Name KITE REALTY CONSTRUCTION, LLC Principal Place of Business Mailing Address 30 SOUTH MERIDIAN STREET, SUITE 1100 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-1495369 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zıp 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. mu TITLE Change ☐ Addition **MGRM** ☐ Delete NAME KITE REALTY GROUP, L.P. NAME *U00000713992* STREET ADDRESS STREET ADDRESS 30 SOUTH MERIDIAN STREET, SUITE 1100 04/27/07-80005-014 50.00 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46204 Addition Delete TITLE ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THEE, ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition | TITLE Delete DHE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal 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 Statutos

SIGNATURE: VWW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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