

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004703

FILED
Jan 07, 2008
Secretary of State

Entity Name: ROLLING ACRES PLAZA LLC

Current Principal Place of Business:

TWO RAVINIA DRIVE, SUITE 400
C/O PRUDENTIAL REAL ESTATE INVESTORS
ATLANTA, GA 30346 US

New Principal Place of Business:

Current Mailing Address:

TWO RAVINIA DRIVE, SUITE 400
C/O PRUDENTIAL REAL ESTATE INVESTORS
ATLANTA, GA 30346 US

New Mailing Address:

FEI Number: 98-0493257

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BECKMANN, JOBST
Address: GMBH, WITTELSBACHERLATZ 1
City-St-Zip: MUNICH, GE D-80333 GE

Title: MGR () Delete
Name: LOHMNER, SEBASTIAN
Address: GMBH, WITTELSBACHERLATZ 1
City-St-Zip: MUNICH, GE D-80333 GE

Title: MGR () Delete
Name: PAHL, DAVID
Address: TWO RAVINIA DRIVE, SUITE 400
City-St-Zip: ATLANTA, GA 30346 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID PAHL

MGR

01/07/2008

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