FILED
07 OCT 30 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005803

1. Entity Name
GS TIMBERLAKE MEZZANINE, LLC

Principal Place of Business	Mailing Address
~~11 STATE STREET~~ 18 BROAD ST, 3RD FL CHARLESTON, SC 29401	~~11 STATE STREET~~ 18 BROAD ST, 3RD FL CHARLESTON, SC 29401

07172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18 BROAD ST, 3RD FLOOR Suite, Apt. #, etc.	18 BROAD ST, 3RD FLOOR Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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: Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGRM ☐ Delete NAME GS TIMBERLAKE LLC STREET ADDRESS ~~11 STATE STREET~~ 18 BROAD ST, 3RD FLOOR CITY-ST-ZIP CHARLESTON, SC 29401	☒ Change ☐ Addition 18 BROAD ST, 3RD FLOOR
☐ Delete	☐ Change ☐ Addition 100110181561 10/02/07--01038--004 **50.00
☐ Delete	☐ Change ☐ Addition 100110181561 10/29/07--01065--001 **100.00
☐ Delete	☐ Change ☐ Addition
☐ Delete REINSTATEMENT 2007	☐ Change ☐ Addition 2
☐ Delete	☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 9/26/07 713-966-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #