2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

limited liability company-e

SIGNATURE:

FILED Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # M06000005853 1. Entity Name KRG ESTERO, LLC Principal Place of Business Mailing Address 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS IN 46204 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS IN 46204 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-1453863 Not Applicable Ζip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) 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. ☐ Change Addition MGR ☐ Delete TITLE U00000714003 04/27/07-80005-019 50.00 NAME KITE REALTY GROUP, L.P. NAME STREET ADDRESS STREET ADDRESS 30 SOUTH MERIDIAN STREET, SUITE 1100 CITY-ST-7IP CITY-ST-ZIP INDIANAPOLIS IN 46204 ☐ Change Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delele TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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

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