




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90082 010 ****50.00

DOCUMENT # M06000006335 1. Entity Name GLENBOROUGH GRAND REGENCY, LLC					
Principal Place of Business 400 SOUTH EL CAMINO REAL 11TH FLOOR SAN MATCO, CA 94402-1708				Mailing Address 400 SOUTH EL CAMINO REAL 11TH FLOOR SAN MATCO, CA 94402-1708	
2. Principal Place of Business - No P.O. Box # 400 S. El Camino Real		3. Mailing Address 400 S. El Camino Real		 03272007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100			
City & State San Mateo, CA		City & State San Mateo, CA			
Zip 94402-1708		Zip 94402-1708			
Country U.S.		Country U.S.		4. FEI Number 20-5902361	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLENBOROUGH PROPERTIES LP 400 SOUTH EL CAMINO REAL 11TH FLOOR SAN MATCO, CA 944021708 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenborough Fund XII, LLC 400 S. El Camino Real, Suite 1100 San Mateo, CA 94402-1708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
S.V.P. of its managing member Glenborough Fund XII, LLC					
SIGNATURE: 		G. Lee Burns		03/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 650.343.9300	