2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300097582208

DOCUMENT # M06000006676

1. Entity Name
GRAND RESERVE KIRKMAN ORLANDO, LLC

Principal Place of Business	Mailing Address
18331 PINES BLVD., #202 PEMBROKE PINES, FL 33029	18331 PINES BLVD., #202 PEMBROKE PINES, FL 33029

BK

04052007 Chg-LLC CR2E085 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 4248
Suite, Apt. #, etc.	Suite, Apt. #, etc. WaldenPacific c/o ORAI Enterprises
City & State	City & State Sunland, CA
Zip / Country	Zip / Country 91041 / USA

4. FEI Number
42-1714629
☐ 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
CHANCELOR, JAMES W 18331 PINES BLVD., #202 PEMBROKE PINES, FL 33029	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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: Kimberly B. Moret as its agent (NOTE: Registered Agent signature required) DATE: 4/19/07

Filing Fee is $50.00
Due by May 1, 2007

BK

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALDENPACIFIC PROPERTY TRUST 18331 PINES BLVD., #202 PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALDENPACIFIC PROPERTY TRUST PMB#601, 2711 CENTERVILLE RD., STE. 300 WILMINGTON, DE 19808	☒ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ 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 605, Florida Statutes.

SIGNATURE: Susie Hipp Susie Hipp 04/19/2007 562.429.7108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 837543 7551878

AUTHORIZATION :

COST LIMIT : $150.00

ORDER DATE : April 5, 2007

ORDER TIME : 1:25 PM

ORDER NO. : 837543-015

CUSTOMER NO: 7551878

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ANNUAL REPORT

RECEIVED
07 APR 19 PM 2:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: GRAND RESERVE KIRKMAN ORLANDO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: _____