2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000000040 FILED 518 ÉAST DEWALD STREET LLC 08 MAY 22 PM 12: 25 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 251 EAST OHIO STREET, SUITE 500 251 EAST OHIO STREET, SUITE 500 INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 625 Madison Avenue, 625 Madison 05132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For New York New York 20-5969909 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Due by September 12, 2008 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Manager Centerline Manager LLC 625 Madison Avenue 15th Floor MGR TITLE **X** Defete TITLE ☐ Change **Addition** SCHNITZER, MARC D NAME NAME 625 MADISON AVE., 5TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10022 10023 CITY-ST-ZIF CITY-ST-ZIP New York TITLE ☐ Delete TITLE Member ☐ Change Addition Centerline Affordable Housing Advisors NAME NAME STREET ADDRESS STREET ADDRESS 625 Madison Avenue, 5th Floor CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5001301694**9**999 05/23/08--01009--005 **138 TITLE Delete ☐ 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-7IP CITY-ST-ZIP TITLE □ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 212 | 31' Marc RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



May 22, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7243417 SO

Customer Reference 1: None Given

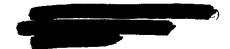
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:



518 East Dewald Street LLC (DE) Annual Report-Foreign Florida



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Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

