2008 LIMITED LIABILITY COMMANY

Mar 14, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M07000001583** 01-25-2008 90068 001 ***138.75 1. Entity Name MP IVES NORTH JV, LLC Principal Place of Business Mailing Address 101 CALIFORNIA STREET, 26TH FLOOR 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111 SAN FRANCISCO, CA 94111 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 CR2E083 (12/06) Applied For City & State City & State 4. FEI Numb Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required ¹7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 if approache. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE Change Addition 🗋 RREEF AMERICA L.L.C. NAME STREET ADDRESS 875 NORTH MICHIGAN AVENUE, 41ST FLOOR STREET ADDRESS CITY-ST-71P CHICAGO, IL 60611 COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -THTLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THIF TiftF Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTIY-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 firnited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312/266-9300

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