

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003827

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** CORSICA SQUARE HOLDCO, LLC

**Current Principal Place of Business:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NY 11042

**New Principal Place of Business:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NY 11042 US

**Current Mailing Address:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NY 11042

**New Mailing Address:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NY 11042 US

**FEI Number:** 20-8246086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KUBS INCOME FUND II BUSINESS TRUST  
**Address:** 3333 NEW HYDE PARK ROAD SUITE 100  
**City-St-Zip:** NEW HYDE PARK, NY 11042 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: LAURA LOUIS

POA

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date