

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004341

FILED
Jan 06, 2010
Secretary of State

Entity Name: BROADSTONE JACKSONVILLE BEACH ALLIANCE, LLC

Current Principal Place of Business:

2415 E. CAMELBACK RD., STE. 600
PHOENIX, AZ 85016 US

New Principal Place of Business:

Current Mailing Address:

2415 E. CAMELBACK RD., STE. 600
PHOENIX, AZ 85016 US

New Mailing Address:

FEI Number: 26-0521592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: BAKER STREET HOLDINGS, L.L.C.
Address: 2415 E. CAMELBACK RD., STE. 600
City-St-Zip: PHOENIX, AZ 85016 US

Title: MGRM
Name: RIPPEL, JOHN T
Address: 5177 RICHMOND AVENUE, STE. 1025
City-St-Zip: HOUSTON, TX 77056 US

Title: MGRM
Name: HIEMENZ, V. JAY
Address: 2415 E. CAMELBACK RD., STE. 600
City-St-Zip: PHOENIX, AZ 85016 US

Title: MGRM
Name: HUTT, ROBERT M
Address: 2415 E. CAMELBACK RD., STE. 600
City-St-Zip: PHOENIX, AZ 85016 US

Title: MGRM
Name: KROHN, JAMES M
Address: 2415 E. CAMELBACK RD., STE. 600
City-St-Zip: PHOENIX, AZ 85016 US

Title: MGRM
Name: DUKES, PATRICK W
Address: 2415 E. CAMELBACK RD., STE. 600
City-St-Zip: PHOENIX, AZ 85016 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: BRIAN LAROCCO

FDIR

01/06/2010

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