

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004654

FILED  
Aug 08, 2008  
Secretary of State

Entity Name: VIF II/CYPRESS GREENS, LLC

**Current Principal Place of Business:**

% AEW CAPITAL MANAGEMENT, LP  
WORLD TRADE CENTER EAST, 1 SEAPORT LANE  
BOSTON, MA 022102021

**New Principal Place of Business:**

**Current Mailing Address:**

% AEW CAPITAL MANAGEMENT, LP  
WORLD TRADE CENTER EAST, 1 SEAPORT LANE  
BOSTON, MA 022102021

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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 ( ) Delete  
Name: WINDY CITIES CYPRESS, GREENS, LLC  
Address: 221 N. KANSAS AVENUE, 16TH FL  
City-St-Zip: EL PASO, TX 79901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WINDY CITIES CYPRESS GREENS, LLC

MGRM

08/08/2008

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