M07000005103

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

Vendor # 085
Inv. Date 2/15/08 Inv. Amt. 138.75

Job #	Cost Code #	Amount
1-8510	22-050	138.75

ENTERED

Approved

01102008No Chg-LLC CR2E083 (12/07)

DOCUMENT # M07000005103

1. Entity Name
BROADSTONE JACKSONVILLE BEACH ALLIANCE DEVELOPER, LLC

Principal Place of Business	Mailing Address
2415 E. CAMELBACK RD., STE. 600 PHOENIX, AZ 85016	2415 E. CAMELBACK RD., STE. 600 PHOENIX, AZ 85016

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0730967
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAKER STREET HOLDINGS, L.L.C.
STREET ADDRESS	2415 E. CAMELBACK RD., STE. 600
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	MGRM
NAME	RIPPEL, JOHN T
STREET ADDRESS	5177 RICHMOND AVENUE, STE. 1025
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	MGRM
NAME	HIEMENZ, V. JAY
STREET ADDRESS	2415 E. CAMELBACK RD., STE. 600
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	MGRM
NAME	HUTT, ROBERT M
STREET ADDRESS	2415 E. CAMELBACK RD., STE. 600
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	MGRM
NAME	KROHN, JAMES M
STREET ADDRESS	2415 E. CAMELBACK RD., STE. 600
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	MGRM
NAME	DUKES, PATRICK W
STREET ADDRESS	2415 E. CAMELBACK RD., STE. 600
CITY-ST-ZIP	PHOENIX, AZ 85016

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/15/2008 Date 692 773 2800 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE