

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003078

FILED  
Jul 08, 2009  
Secretary of State

**Entity Name:** LUBERT-ADLER PALM ESTATES NOTEHOLDER, LLC

**Current Principal Place of Business:**

% LUBERT-ADLER REAL ESTATE FUND VI, L.P.  
2929 ARCH ST - CIRA CENTRE  
PHILADELPHIA, PA 191042868

**New Principal Place of Business:**

**Current Mailing Address:**

% LUBERT-ADLER REAL ESTATE FUND VI, L.P.  
2929 ARCH ST - CIRA CENTRE  
PHILADELPHIA, PA 191042868

**New Mailing Address:**

FEI Number: 26-2908733      FEI Number Applied For ( )      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:**

MUNROE, W. BRADLEY ESQ  
239 E VIRGINIA ST  
TALLAHASSEE, FL 32301      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      ( ) Delete  
Name: LUBERT-ADLER REAL ESTATE FUND VI, L.P.  
Address: 2929 ARCH ST - CIRA CENTRE  
City-St-Zip: PHILADELPHIA, PA 191042868

**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: R. ERIC EMRICH, AUTHORIZED PERSON

MGRM

07/08/2009

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