

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000746

FILED
Apr 05, 2010
Secretary of State

Entity Name: TRP OFFICE FLORIDA, LLC

Current Principal Place of Business:

C/O T. ROWE PRICE ASSOCIATES, INC.
100 EAST PRATT STREET
BALTIMORE, MD 21202

New Principal Place of Business:

Current Mailing Address:

C/O T. ROWE PRICE ASSOCIATES, INC.
100 EAST PRATT STREET
BALTIMORE, MD 21202

New Mailing Address:

C/O T. ROWE PRICE ASSOCIATES, INC.
100 EAST PRATT STREET, BA-0340
BALTIMORE, MD 21202

FEI Number: 27-0669998

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: T. ROWE PRICE ASSOCIATES, INC.
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: P
Name: MORELAND, KENNETH V
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: S
Name: VAN HORN, BARBARA A
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: V,T
Name: DIGNAN, TIMOTHY S
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: V
Name: BANKS, STEVEN J
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: V
Name: RUHE, MARK B
Address: 100 EAST PRATT STREET
City-St-Zip: BALTIMORE, MD 21202

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: KENNETH V. MORELAND

P

04/05/2010

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