Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MP TWELVE OAKS GP, LLC

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 Estimated Charge
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Corporate Filing Menu

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EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

STIR TROTT. MP TWELVE OAKS GP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nate Richman

Name of Person

Rinaldi, Finkelstein & Franklin, LLC

Firm/Company

591 W. Putnam Avenue

Address

Greenwich, CT 06830

City/State and Zip Code

nrichman@starwood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nate Richman

,,203 ,422-7769

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

Certified Copy

🗅 \$60 Filing Pee, Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

I. The name of the limited liability con Department of State is: MP TWELVE OAKS O	npany as it appears on the records of the Florida sp. LLC		
2. This entity was formed under the law	W8 Of: Delaware	_•	
3. This entity was authorized to transact and its Florida document/registration ne		<u>.</u>	
4. The name and address of each mana	ger or managing member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM Sentor VP	MP Master Holdings, L.P.	_	
	591 Wast Putnam Avenue	_	
	Greenwich, CT 06830	-	
	James Kana	2013 AUG	
	400 Gallerio Parkway, Suite 1450	<u> </u>	
	Allanta, GA 30339	<u> </u>	- 1 maree
Senior VP	Robert Gelmer		1
	400 Galleria Parkway, Suite 1450		16
	Allanta, GA 30338	<u> </u>	******
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Filing Fee: \$25

Required Signature: /s/ Jerome C. Silvey, as authorized representative of Managing Member Signature of Manager, Managing Member or Member