

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143463

Entity Name: MET II OFFICE MEZZANINE, LLC

Current Principal Place of Business:

% METROPOLITAN LIFE INSURANCE COMPANY
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Current Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - MSC-15017
NEW YORK, NY 10036 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current 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

Authorized Person(s) Detail :

Title MGR
Name METROPOLITAN LIFE INSURANCE
COMPANY
Address 101 EAST KENNEDY BLVD, SUITE
2330
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A. ZDEB

ASSISTANT VICE
PRESIDENT

04/09/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date