

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002081

**FILED
Mar 20, 2013
Secretary of State
CC0107097996**

Entity Name: 1691 MICHIGAN AVE INVESTMENT GP LLC

Current Principal Place of Business:

C/O REAL ESTATE CAPITAL PARTNERS
114 WEST 47TH STREET, 23RD FLOOR
NEW YORK, NY 10036

Current Mailing Address:

C/O REAL ESTATE CAPITAL PARTNERS
114 WEST 47TH STREET, 23RD FLOOR
NEW YORK, NY 10036

FEI Number: 27-0266989

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP	Title	PRESIDENT
Name	BERG, BERNHARD	Name	RICKEN, STEFFEN
Address	THE SQUAIRE 18, AM FLUGHAFEN	Address	THE SQUAIRE 18, AM FLUGHAFEN
City-State-Zip:	60549 FRANKFURT GERMANY	City-State-Zip:	60549 FRANKFURT GERMANY
Title	VP	Title	VP
Name	LINKER, IRMGARD	Name	OHLEMACHER, ERIC
Address	THE SQUAIRE 18, AM FLUGHAFEN	Address	THE SQUAIRE 18, AM FLUGHAFEN
City-State-Zip:	60549 FRANKFURT GERMANY	City-State-Zip:	60549 FRANKFURT GERMANY
Title	VP	Title	SECRETARY
Name	LATSCH, BENITA	Name	MUELLER, FRANK
Address	THE SQUAIRE 18, AM FLUGHAFEN	Address	THE SQUAIRE 18, AM FLUGHAFEN
City-State-Zip:	60549 FRANKFURT GERMANY	City-State-Zip:	60549 FRANKFURT GERMANY

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: BENITA LATSCH

VICE PRESIDENT

03/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date