
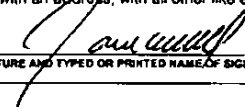


**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90039 038 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # F05000005558</b>   |  |   |   |                |   |
| 1. Entity Name<br>215 CELEBRATION PLACE, INC.  |  |   |   |   |   |
| Principal Place of Business<br>4400 MACARTHUR BLVD STE 720<br>NEWPORT BEACH, CA 92660  |  | Mailing Address<br>4400 MACARTHUR BLVD STE 720<br>NEWPORT BEACH, CA 92660   |   |   |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |   |
| City & State   |  | City & State  |   |   |   |
| Zip  | Country  | Zip   | Country   | 4. FEI Number <b>72-1606644</b>   |   |
|  |  |   |   | Applied For<br>Not Applicable   |   |
|  |  |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 8. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent           |   |   |
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE STE 4<br>WESTON, FL 33331   |  |   | Name  |   |   |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)    |   |   |
|  |  |   | City  |   |   |
|  |  |   | FL  |   | Zip Code  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | C<br>HARRIS, WILLIAM<br>4400 MACARTHUR BLVD STE 720<br>NEWPORT BEACH, CA 92660   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>BELL, JAMES<br>4400 MACARTHUR BLVD STE 720<br>NEWPORT BEACH, CA 92660      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>EVERLY, MICHAEL<br>4400 MACARTHUR BLVD STE 720<br>NEWPORT BEACH, CA 92660 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |   |
| SIGNATURE:    |  | Date: <b>1/3/06</b>   |   | Daytime Phone #: <b>(949) 476-1974</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |   |

66007700



01272006 Chg-P CR2E034 (11/05)

ATTACHMENT

66007700  
#F05000005558

**CBRE**  
**INVESTORS**  
CB RICHARD ELLIS INVESTORS, LLC

CB Richard Ellis Investors, LLC  
4400 MacArthur Boulevard  
Suite 720  
Newport Beach, CA 92660

[www.cbreinvestors.com](http://www.cbreinvestors.com)

March 27, 2006

Via Federal Express  
7918 9801 9378

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302

Re: 215 Celebration Place, Inc.

Dear Sir/Madam:

Enclosed please find the corrected 2006 Annual Report for the above referenced entity. I have completed Block 4 by entering the FEIN (72-1606644) on the form per your letter dated February 16, 2006.

Please let me know if you have any questions or need additional information.

Sincerely,



Melinda Leydon

Enclosure

ATTACHMENT

66007700

# 705000005558

**RUTAN  
& TUCKER**  
ATTORNEYS AT LAW

611 ANTON BOULEVARD, FOURTEENTH FLOOR  
COSTA MESA, CALIFORNIA 92626-1931  
DIRECT ALL MAIL TO: POST OFFICE BOX 1950  
COSTA MESA, CALIFORNIA 92628-1950  
TELEPHONE 714-641-5100 FACSIMILE 714-546-9035  
INTERNET ADDRESS [www.rutan.com](http://www.rutan.com)

ORANGE COUNTY

SILICON VALLEY  
(408) 289-8777

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

Stephanie Joyce  
Direct Dial: (714) 662-4694  
E-mail: [sjoyce@rutan.com](mailto:sjoyce@rutan.com)

February 8, 2006

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 215 Celebration Place, Inc.

Dear Sir/Madam:

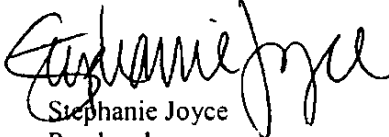
Enclosed for filing is the 2006 Annual Report for the above-referenced entity, along with a check in the amount of \$150.00 representing the filing fee.

I have also enclosed an additional copy of the Annual Report to be conformed and returned to me in the self-addressed return envelope provided.

If you have any questions or require further information, please do not hesitate to contact me.

Very truly yours,

RUTAN & TUCKER, LLP

  
Stephanie Joyce  
Paralegal

SJ  
Enclosure