

|  |                 |  |        |  |         |             |  |
|--|-----------------|--|--------|--|---------|-------------|--|
| No. <b>W 74394</b>   |                 | Due no later than May 31, 2009   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>CREI MEADOWS TIC 10, LLC<br>AARON ROBERTS<br>PO BOX 6779<br>ORANGE CA 92863 |        | NATIONAL REGISTERED AGENTS INC<br>1423 TYRELL LANE<br>BOISE ID 83706-<br>USA |         |             |  |
|  |                 |  |        | 3. <u>New</u> Registered Agent Signature:*                                   |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                 |  |        |  |         |             |  |
| Office Held  | Name            | Street or PO Address   | City   | State  | Country | Postal Code |  |
| MEMBER   | GERALDINE SIRES | 23435 E OTERO DR   | AURORA | CO   | USA     | 80016       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 74394</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Aaron Roberts<br>Name (type or print): Aaron Roberts                                     |        |  |         |             |  |
|  |                 | Date: 04/27/2009<br>Title: Authorized Person   |        |  |         |             |  |
| Processed 04/27/2009   |                 | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |