

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001175 1. Entity Name COLONNADE ASHLEY LLC	
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Principal Place of Business ONE ROCKEFELLER PLAZA, SUITE 2300 NEW YORK, NY 10020	Mailing Address ONE ROCKEFELLER PLAZA, SUITE 2300 NEW YORK, NY 10020
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DO NOT WRITE IN THIS SPACE



05112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4120974	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE: _____

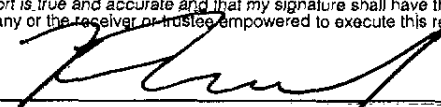
Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLONNADE ASHLEY PLAZA, LLC ONE ROCKEFELLER PLAZA NEW YORK, NY
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08/16/05-800002-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____