## 200¢ LIMITED LIABILITY COMPANY ANNUAL REPORT FILED

	MENT # M0100000	)1656		200c									
1. Entity Nam S.E. RES	IDENTIAL WEST LLC			JUN -	2 0.								
				SECRETARY TALLAHASSE	· PA 4: 61.								
Principal Plan	e of Duelnoon	Admillion Automore	- Win	- IALLAHARY	OF CT								
Principal Place 825 THIRD A	e of Business (VENUE, 36TH FLOOR	Mailing Address 825 THIRD AVENUE, 36	STH FLOOR	MOSE	E. FI DATE								
NEW YORK, N		NEW YORK, NY 10022	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LORIDA								
			$\mathcal{M}$	1									
2. Principal P	lace of Business	3. Mailing Address	<del>- 1/ 7/ \</del>										
0.5-4-4			<u> </u>	I AREISAN TREAM ARIN MENN MANAGEN CENTE	Sibs rines mees meers Witensth Insi								
Suite, Apt.	#, etc.	Suite, Apt. #. etc.	1	05192006 Chg-LLC CF	R2E083 (11/05)								
City & State	e	City & State		4. FEI Number	Applied For								
Zip	Country	Zip	Caulata	13-4181526	Not Applicable								
2.0	Country	Διρ	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required								
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registe	red Agent								
CORPORA	ATION SERVICE COMPANY		Name										
1201 HAYS	S STREET		Street Address	s (P.O. Box Number is Not Acceptable)	P.O. Box Number is Not Acceptable)								
TALLAHAS	SSEE, FL 32301-2525			•									
		•	City		Zip Code								
9 The above		facilities and the second											
the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing its:	registered office or regist	ered agent, or both, in the State of Floride.	am familiar with, and accept								
SiGNATURE .		,											
	\$-ghature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature requi	red when renstating) S	ATE								
Fil	ing Fee is \$50.00			Make che	ck payable to								
Due b	by September 6, 2006				artment of State								
9.	MANAGING MEME	BERS/MANAGERS	10.	ADDITIONS/CHAN	GES								
TITLE	MGRM	☐ Delete	TITLE		Change								
NAME Street Adoress	THE PRAEDIUM PERFORMAN 825 THIRD AVENUE, 36TH FLO	· ·	NAME STREET ADDRESS										
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		·								
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ACCOUNT NO. : 072100000032

REFERENCE :

128508

5155201

COST LIMIT

ORDER DATE: May 23, 2006

ORDER TIME: 12:38 PM

ORDER NO. : 128508-015

CUSTOMER NO:

5155201

## ANNUAL REPORT FILING

NAME: S.E. RESIDENTIAL WEST LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: