

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002523

FILED
Mar 06, 2009
Secretary of State

Entity Name: 1505 FORT CLARKE BOULEVARD APARTMENTS INVESTORS LLC

Current Principal Place of Business:

C/O UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103

New Principal Place of Business:

C/O UBS REALTY INVESTORS LLC
242 TRUMBULL ST., 4TH FLOOR
HARTFORD, CT 061031212

Current Mailing Address:

C/O UBS REALTY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD, CT 06103

New Mailing Address:

C/O UBS REALTY INVESTORS LLC
242 TRUMBULL ST., 4TH FLOOR
HARTFORD, CT 061031212

FEI Number: 83-0398881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TPF EQUITY REIT OPER, PART LP
Address: 242 TRUMBULL STREET, 4TH FLOOR
City-St-Zip: HARTFORD, CT 061031212

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TPF EQUITY REIT OPER, ATING PARTNERS H IP LP
Address: 242 TRUMBULL STREET, 4TH FLOOR
City-St-Zip: HARTFORD, CT 061031212

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: STEVEN M. KAPILOFF

MGRM

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date