

2000 UNIFORM BUSINESS REPORT (UBR)

0012489 AF

DOCUMENT # M98000001154

1. Entity Name
3360 ENTERPRISE AVENUE INVESTORS LLC

AND
FILED

00 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mj 4/18



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O ALLEGIS REALTY INVESTORS LLC C/O ALLEGIS REALTY INVESTORS LLC
242 TRUMBULL STREET 242 TRUMBULL STREET
HARTFORD CT 06103 HARTFORD CT 06103-1213

2. Principal Place of Business UBS Brinson Realty Investors LLC
Suite, Apt. #, etc.
242 Trumbull St.
City & State
Hartford, CT

3. Mailing Address UBS Brinson Realty Investors LLC
Suite, Apt. #, etc.
242 Trumbull St.
City & State
Hartford, CT

4. FEI Number 06-1527742 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEGIS REALTY INVESTORS LLC 242 TRUMBULL STREET HARTFORD CT 06103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBS Brinson Realty Investors LLC 242 Trumbull St. Hartford, CT 06103-1212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003224313--8 -04/26/00--01019--025 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: UBS BRINSON REALTY INVESTORS LLC, its manager

3/28/00

860/275-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Matthew H. Lynch, Secretary

Date Daytime Phone #

CR2E083 (9/99)