


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000001656  
 1. Entity Name  
 S.E. RESIDENTIAL WEST LLC



Principal Place of Business      Mailing Address  
 950 THIRD AVENUE, 18TH FLOOR      950 THIRD AVENUE, 18TH FLOOR  
 NEW YORK, NY 10022      NEW YORK, NY 10022

**DO NOT WRITE IN THIS SPACE**



07192004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-4181526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

UC0000170446  
 09/20/04-80001-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE PRAEDIUM PERFORMANCE FUND IV, L.P. 950 THIRD AVENUE, 18TH FLOOR NEW YORK, NY 10022
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Ronald W Stobl      8/2/04      212-224-5673  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #