



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN -2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001656					
1. Entity Name S.E. RESIDENTIAL WEST LLC					
Principal Place of Business 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022			Mailing Address 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4181526	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE PRAEDIUM PERFORMANCE FUND IV, L.P. 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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			
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			
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			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: 		Jeff Hertz		5-19-06 212-224-8639	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	





M010000001656

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 128508 5155201

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 50.00

ORDER DATE : May 23, 2006

ORDER TIME : 12:38 PM

ORDER NO. : 128508-015

CUSTOMER NO: 5155201

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

NAME: S.E. RESIDENTIAL WEST LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- DELETE CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____