

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90112 024 ****50.00

DOCUMENT # M98000001154

1. Entity Name

3360 ENTERPRISE AVENUE INVESTORS LLC



Principal Place of Business

**C/O UBS REATLY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD CT 06103-1212**

Mailing Address

**C/O UBS REATLY INVESTORS LLC
242 TRUMBULL STREET
HARTFORD CT 06103-1212**

2. Principal Place of Business **c/o UBS
Realty Investors LLC**

Suite, Apt. #, etc.

242 Trumbull St.

City & State

Hartford, CT

Zip

06103-1212

Country

USA

3. Mailing Address **c/o UBS
Realty Investors LLC**

Suite, Apt. #, etc.

242 Trumbull St.

City & State

Hartford, CT

Zip

06103-1212

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **UBS REALTY INVESTORS LLC**
STREET ADDRESS **242 TRUMBULL STREET**
CITY-ST-ZIP **HARTFORD CT 06103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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.

UBS REALTY INVESTORS LLC, its Manager

SIGNATURE:

Matthew A. Lynch
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/03

(860) 616-9015

Date

Daytime Phone #

CR2E083 (10/02)