

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90020 048 \*\*\*150.00

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01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000004410</b> 1. Entity Name <b>SACHSENFONDS TAMPA REALTY, INC.</b>					
Principal Place of Business <b>C/O HVB CAPITAL MARKETS, INC.          150 EAST 42ND ST., STE. 3100          NEW YORK, NY 10017</b>			Mailing Address <b>C/O HVB CAPITAL MARKETS, INC.          150 EAST 42ND ST., STE. 3100          NEW YORK, NY 10017</b>		
2. Principal Place of Business <b>c/o Invesco RE Germany LP</b> Suite, Apt. #, etc. <b>1166 Sixth Avenue</b>		3. Mailing Address <b>c/o Invesco RE Germany LP</b> Suite, Apt. #, etc. <b>1166 Sixth Avenue</b>		4. FEI Number <b>41-2056036</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>			
Zip <b>10036</b>		Zip <b>10036</b>			
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <span style="float: right;">1/31/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SCHMIDT, KLAUS D <input type="checkbox"/> Delete HANS-STIESSBERGER-STR. 2A 85540 HAARB MUENCHEN GERMANY,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85540 Haar, Muenchen, Germany	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELZ, SUSANNE <input type="checkbox"/> Delete HANS-STIESSBERGER-STR. 2A 85540 HAARB MUENCHEN GERMANY,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85540 Haar, Muenchen, Germany	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTKIEWICZ, ALFRED A <input type="checkbox"/> Delete 150 E. 42ND ST., STE. 3100 NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Invesco RE Germany LP 1166 Sixth Avenue, New York, NY 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINGS, J. GREER JR. <input type="checkbox"/> Delete 414 UNION ST., STE. 1600 NASHVILLE, TN 37219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Division Street Nashville, TN 37203	
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	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/31/05 212-278-9220 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					